

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

ADDRESS (number and street) ▼

PO BOX 12846

☐ Check if different than previously reported. (ACC)

Austin

TX

78711

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00358903

3. IS THIS  
REPORT☐NEW  
(N)

OR

☒AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☒ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
01 01 2015

through

M M M / D D D / Y Y Y Y Y Y  
06 30 2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Meredith Heyde

Signature of Treasurer

Meredith Heyde

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
01 19 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
01 / 01 / 2015 To: M M / D D / Y Y Y Y Y Y  
06 / 30 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2015</span>		<span style="border: 1px solid black; padding: 2px;">343468.06</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">343468.06</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">168248.50</span>	<span style="border: 1px solid black; padding: 2px;">168248.50</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">511716.56</span>	<span style="border: 1px solid black; padding: 2px;">511716.56</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">111848.25</span>	<span style="border: 1px solid black; padding: 2px;">111848.25</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">399868.31</span>	<span style="border: 1px solid black; padding: 2px;">399868.31</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y Y  
01 01 2015

To:

M M / D D / Y Y Y Y Y Y  
06 30 2015

**I. Receipts**

**COLUMN A**  
**Total This Period**

**COLUMN B**  
**Calendar Year-to-Date**

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

46869.00

46869.00

(ii) Unitemized .....

121379.50

121379.50

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

168248.50

168248.50

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ..... ▶

168248.50

168248.50

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

168248.50

168248.50

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ..... ▶

168248.50

168248.50

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	6647.00	6647.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	6647.00	6647.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	105000.00	105000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	201.25	201.25
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	111848.25	111848.25
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	111848.25	111848.25

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	168248.50	168248.50
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	168248.50	168248.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	6647.00	6647.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	6647.00	6647.00

: 97 'A-G79 @G B9CI G'H9LH'F9 @H98 'HC'5 'F9DCFHŽG7 <98I @ 'CF' +H9A-N5HCB  
.

Form/Schedule: F3XA

Transaction ID :

Due to the implementation of new compliance PAC software the AANP-PAC is filling an amendment to their 1-1-15 through 6-30-15 filing. The new compliance software lists each contribution made by contributors whose total contributions exceed \$200 in a calendar year, as opposed to just those made after reaching the \$200 threshold. This has caused an increase in the amount of contributions listed in the itemized section (11.a.i) in the filed amendment and an equivalent decrease in the unitemized section (11.a.ii). All contributions made by a contributor whose total contributions exceed \$200 in a calendar year will be listed in this same manner in the filings moving forward. On 1-14-16 I discussed this issue with Cly Long, our FEC analyst the above noted memo is based on that conversation.

Form/Schedule:

Transaction ID:

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 143

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Julie Adkins**

Mailing Address 208 Susann Dr

City

West Frankfort

State

IL

Zip Code

62896-1937

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SIMCA

Occupation

FNP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

03 / 20 / 2015

**Transaction ID : C3176451**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Julie Adkins**

Mailing Address 208 Susann Dr

City

West Frankfort

State

IL

Zip Code

62896-1937

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SIMCA

Occupation

FNP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

03 / 28 / 2015

**Transaction ID : C3176440**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Julie Adkins**

Mailing Address 208 Susann Dr

City

West Frankfort

State

IL

Zip Code

62896-1937

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SIMCA

Occupation

FNP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

06 / 08 / 2015

**Transaction ID : C3177796**

Amount of Each Receipt this Period

350.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

550.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 143

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Jean Aertker**

Mailing Address 646 Riviera Dr

City State Zip Code  
Tampa FL 33606-3810

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Tampa OHS

Occupation

FNPN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 28 / 2015

**Transaction ID : C3176441**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Jean Aertker**

Mailing Address 646 Riviera Dr

City State Zip Code  
Tampa FL 33606-3810

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Tampa OHS

Occupation

FNPN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 08 / 2015

**Transaction ID : C3167058**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Jean Aertker**

Mailing Address 646 Riviera Dr

City State Zip Code  
Tampa FL 33606-3810

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Tampa OHS

Occupation

FNPN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 21 / 2015

**Transaction ID : C3175960**

Amount of Each Receipt this Period

65.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

185.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Jean Aertker**

Mailing Address 646 Riviera Dr

City

Tampa

State

FL

Zip Code

33606-3810

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Tampa OHS

Occupation

FNPN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 11 / 2015

**Transaction ID : C3174924**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Valerie Allen-Foster**

Mailing Address 1031 Highlands Plaza Dr W  
307 West

City

Saint Louis

State

MO

Zip Code

63110-1303

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mo. Dept of Mental Health

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 08 / 2015

**Transaction ID : C3167021**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Valerie Allen-Foster**

Mailing Address 1031 Highlands Plaza Dr W  
307 West

City

Saint Louis

State

MO

Zip Code

63110-1303

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mo. Dept of Mental Health

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 08 / 2015

**Transaction ID : C3177540**

Amount of Each Receipt this Period

130.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

200.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER:  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Valerie Allen-Foster**

Mailing Address 1031 Highlands Plaza Dr W  
307 West

City State Zip Code  
Saint Louis MO 63110-1303

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mo. Dept of Mental Health

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 11 / 2015

**Transaction ID : C3177399**

Amount of Each Receipt this Period

120.00

Full Name (Last, First, Middle Initial)

**B. Louann Bailey**

Mailing Address 3060 Rainbow Ln

City State Zip Code  
Richfield OH 44286-9222

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Akron General Medical Center

Occupation

APRN Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 03 / 2015

**Transaction ID : C3176545**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Louann Bailey**

Mailing Address 3060 Rainbow Ln

City State Zip Code  
Richfield OH 44286-9222

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Akron General Medical Center

Occupation

APRN Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 06 / 2015

**Transaction ID : C3177408**

Amount of Each Receipt this Period

120.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

340.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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FOR LINE NUMBER:  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Louann Bailey**

Mailing Address 3060 Rainbow Ln

City

Richfield

State

OH

Zip Code

44286-9222

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Akron General Medical Center

Occupation

APRN Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

06 / 02 / 2015

**Transaction ID : C3175862**

Amount of Each Receipt this Period

65.00

Full Name (Last, First, Middle Initial)

**B. Louann Bailey**

Mailing Address 3060 Rainbow Ln

City

Richfield

State

OH

Zip Code

44286-9222

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Akron General Medical Center

Occupation

APRN Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

06 / 09 / 2015

**Transaction ID : C3175826**

Amount of Each Receipt this Period

65.00

Full Name (Last, First, Middle Initial)

**C. Louann Bailey**

Mailing Address 3060 Rainbow Ln

City

Richfield

State

OH

Zip Code

44286-9222

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Akron General Medical Center

Occupation

APRN Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

06 / 11 / 2015

**Transaction ID : C3174712**

Amount of Each Receipt this Period

40.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

170.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 143

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

A. Elizabeth Baldwin

Mailing Address 2594 Knottsville Rd

City

Grafton

State

WV

Zip Code

26354-7382

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PEDIATRIC PARTNERS

Occupation

FNP

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 29 / 2015

Transaction ID : C3176435

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Elizabeth Baldwin

Mailing Address 2594 Knottsville Rd

City

Grafton

State

WV

Zip Code

26354-7382

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PEDIATRIC PARTNERS

Occupation

FNP

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 29 / 2015

Transaction ID : C3176436

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Elizabeth Baldwin

Mailing Address 2594 Knottsville Rd

City

Grafton

State

WV

Zip Code

26354-7382

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PEDIATRIC PARTNERS

Occupation

FNP

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 09 / 2015

Transaction ID : C3220538

Amount of Each Receipt this Period

100.00

\* In-Kind: In-Kind - Raffle Basket Donation

SUBTOTAL of Receipts This Page (optional)..... ►

300.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

<p>Full Name (Last, First, Middle Initial)  <b>A. Elizabeth Baldwin</b></p> <p>Mailing Address 2594 Knottsville Rd</p> <p>City State Zip Code  Grafton WV 26354-7382</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation  PEDIATRIC PARTNERS FNP</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">320.00</span></p>			<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">06</span> / <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">2015</span></p> <p><b>Transaction ID : C3166926</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">20.00</span></p>		
<p>Full Name (Last, First, Middle Initial)  <b>B. Nancy Balkon</b></p> <p>Mailing Address 1706 Avalon Pines Dr</p> <p>City State Zip Code  Coram NY 11727-5142</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation  Stony Brook University NP</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">220.00</span></p>			<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">07</span> / <span style="border: 1px solid black; padding: 2px;">2015</span></p> <p><b>Transaction ID : C3176352</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">100.00</span></p>		
<p>Full Name (Last, First, Middle Initial)  <b>c. Nancy Balkon</b></p> <p>Mailing Address 1706 Avalon Pines Dr</p> <p>City State Zip Code  Coram NY 11727-5142</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation  Stony Brook University NP</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">220.00</span></p>			<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">06</span> / <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">2015</span></p> <p><b>Transaction ID : C3165595</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">10.00</span></p>		
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<span style="border: 1px solid black; padding: 2px;">130.00</span>		
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>			<span style="border: 1px solid black; padding: 2px;"></span>		

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Nancy Balkon**

Mailing Address 1706 Avalon Pines Dr

City State Zip Code  
Coram NY 11727-5142

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Stony Brook University

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

06 / 10 / 2015

**Transaction ID : C3165596**

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**B. Nancy Balkon**

Mailing Address 1706 Avalon Pines Dr

City State Zip Code  
Coram NY 11727-5142

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Stony Brook University

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

06 / 11 / 2015

**Transaction ID : C3176271**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Kevin Ballard**

Mailing Address 10947 140th Ave NE

City State Zip Code  
Thief River Falls MN 56701-8458

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sanford Health

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

485.00

Date of Receipt

03 / 28 / 2015

**Transaction ID : C3177425**

Amount of Each Receipt this Period

120.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

230.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Kevin Ballard**

Mailing Address 10947 140th Ave NE

City

Thief River Falls

State

MN

Zip Code

56701-8458

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sanford Health

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

485.00

Date of Receipt

06 / 08 / 2015

**Transaction ID : C3175829**

Amount of Each Receipt this Period

65.00

Full Name (Last, First, Middle Initial)

**B. Kevin Ballard**

Mailing Address 10947 140th Ave NE

City

Thief River Falls

State

MN

Zip Code

56701-8458

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sanford Health

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

485.00

Date of Receipt

06 / 08 / 2015

**Transaction ID : C3176327**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Kevin Ballard**

Mailing Address 10947 140th Ave NE

City

Thief River Falls

State

MN

Zip Code

56701-8458

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sanford Health

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

485.00

Date of Receipt

06 / 12 / 2015

**Transaction ID : C3177787**

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

365.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Lynda Banwart**

Mailing Address 3130 Skelley Ct

City  
JoplinState  
MOZip Code  
64804-1393FEC ID number of contributing  
federal political committee.

C

Name of Employer

Orthopaedic Specialists Four

Occupation

Ortho NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	20	/	2015

**Transaction ID : C3169003**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. Lynda Banwart**

Mailing Address 3130 Skelley Ct

City  
JoplinState  
MOZip Code  
64804-1393FEC ID number of contributing  
federal political committee.

C

Name of Employer

Orthopaedic Specialists Four

Occupation

Ortho NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2015

**Transaction ID : C3177958**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Elizabeth Barker**

Mailing Address 6401 Wynwright Dr

City  
DublinState  
OHZip Code  
43016-8260FEC ID number of contributing  
federal political committee.

C

Name of Employer

University Health Connections

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	08	/	2015

**Transaction ID : C3177797**

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

475.00

**TOTAL** This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Elizabeth Barker**

Mailing Address 6401 Wynwright Dr

City

Dublin

State

OH

Zip Code

43016-8260

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University Health Connections

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

06 / 10 / 2015

Transaction ID : C3177465

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

**B. Mary Behrens**

Mailing Address 5504 E 22nd St

City

Casper

State

WY

Zip Code

82609-4618

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

FNP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

01 / 29 / 2015

Transaction ID : C3176502

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Mary Behrens**

Mailing Address 5504 E 22nd St

City

Casper

State

WY

Zip Code

82609-4618

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

FNP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

04 / 20 / 2015

Transaction ID : C3167039

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

245.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Mary Behrens**

Mailing Address 5504 E 22nd St

City

Casper

State

WY

Zip Code

82609-4618

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

FNP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

04 / 20 / 2015

Transaction ID : C3175967

Amount of Each Receipt this Period

65.00

Full Name (Last, First, Middle Initial)

**B. Mary Behrens**

Mailing Address 5504 E 22nd St

City

Casper

State

WY

Zip Code

82609-4618

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

FNP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

06 / 09 / 2015

Transaction ID : C3165234

Amount of Each Receipt this Period

5.00

Full Name (Last, First, Middle Initial)

**C. Mary Behrens**

Mailing Address 5504 E 22nd St

City

Casper

State

WY

Zip Code

82609-4618

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

FNP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

06 / 09 / 2015

Transaction ID : C3220523

Amount of Each Receipt this Period

150.00

\* In-Kind: In-Kind - Raffle Basket Donation

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

220.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Mary Behrens**

Mailing Address 5504 E 22nd St

City

Casper

State

WY

Zip Code

82609-4618

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

FNP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

06 / 10 / 2015

**Transaction ID : C3166883**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Roberta Bell**

Mailing Address 4600 Eagle Trace Dr

City

Medford

State

OR

Zip Code

97504-9233

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Rogue Community Health

Occupation

FNP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 19 / 2015

**Transaction ID : C3174754**

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**C. Roberta Bell**

Mailing Address 4600 Eagle Trace Dr

City

Medford

State

OR

Zip Code

97504-9233

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Rogue Community Health

Occupation

FNP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 19 / 2015

**Transaction ID : C3175903**

Amount of Each Receipt this Period

65.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

125.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Roberta Bell**

Mailing Address 4600 Eagle Trace Dr

City State Zip Code  
Medford OR 97504-9233

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Rogue Community Health

Occupation  
FNP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 22 / 2015

**Transaction ID : C3175891**

Amount of Each Receipt this Period

65.00

Full Name (Last, First, Middle Initial)

**B. Roberta Bell**

Mailing Address 4600 Eagle Trace Dr

City State Zip Code  
Medford OR 97504-9233

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Rogue Community Health

Occupation  
FNP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 08 / 2015

**Transaction ID : C3175830**

Amount of Each Receipt this Period

65.00

Full Name (Last, First, Middle Initial)

**C. Roberta Bell**

Mailing Address 4600 Eagle Trace Dr

City State Zip Code  
Medford OR 97504-9233

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Rogue Community Health

Occupation  
FNP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 10 / 2015

**Transaction ID : C3166532**

Amount of Each Receipt this Period

15.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

145.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Dorothy Borresen**

Mailing Address 133 Franklin Corner Rd  
Ste 2

City State Zip Code  
Lawrenceville NJ 08648-2531

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

ANP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 21 / 2015

**Transaction ID : C3177718**

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

**B. Dorothy Borresen**

Mailing Address 133 Franklin Corner Rd  
Ste 2

City State Zip Code  
Lawrenceville NJ 08648-2531

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

ANP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 21 / 2015

**Transaction ID : C3176449**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Richard Brown**

Mailing Address 4924 Branch Mill Cir

City State Zip Code  
Mountain Brk AL 35223-1606

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Children's Hospital of Alabama

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 29 / 2015

**Transaction ID : C3168361**

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

275.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Richard Brown**

Mailing Address 4924 Branch Mill Cir

City

Mountain Brk

State

AL

Zip Code

35223-1606

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Children's Hospital of Alabama

Occupation

NP

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 22 / 2015

**Transaction ID : C3167033**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Richard Brown**

Mailing Address 4924 Branch Mill Cir

City

Mountain Brk

State

AL

Zip Code

35223-1606

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Children's Hospital of Alabama

Occupation

NP

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 22 / 2015

**Transaction ID : C3175958**

Amount of Each Receipt this Period

65.00

Full Name (Last, First, Middle Initial)

**C. Richard Brown**

Mailing Address 4924 Branch Mill Cir

City

Mountain Brk

State

AL

Zip Code

35223-1606

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Children's Hospital of Alabama

Occupation

NP

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 12 / 2015

**Transaction ID : C3176238**

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

185.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 23 OF 143

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

A. Theresa Brown

Mailing Address 1152 Rexford PI

City

Thousand Oaks

State

CA

Zip Code

91360-5345

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INTERVENTIONAL CARDIOLOGY MEDI

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 08 / 2015

Transaction ID : C3174852

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

B. Theresa Brown

Mailing Address 1152 Rexford PI

City

Thousand Oaks

State

CA

Zip Code

91360-5345

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INTERVENTIONAL CARDIOLOGY MEDI

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 14 / 2015

Transaction ID : C3177566

Amount of Each Receipt this Period

130.00

Full Name (Last, First, Middle Initial)

C. Theresa Brown

Mailing Address 1152 Rexford PI

City

Thousand Oaks

State

CA

Zip Code

91360-5345

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INTERVENTIONAL CARDIOLOGY MEDI

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 09 / 2015

Transaction ID : C3220526

Amount of Each Receipt this Period

125.00

\* In-Kind: In-Kind - Raffle Basket Donation

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Melissa Christiansen**

Mailing Address 26481 Conestoga Ct

City

Menifee

State

CA

Zip Code

92586-3457

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

06 / 09 / 2015

Transaction ID : C3176115

Amount of Each Receipt this Period

70.00

Full Name (Last, First, Middle Initial)

**B. Melissa Christiansen**

Mailing Address 26481 Conestoga Ct

City

Menifee

State

CA

Zip Code

92586-3457

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

06 / 10 / 2015

Transaction ID : C3166892

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Melissa Christiansen**

Mailing Address 26481 Conestoga Ct

City

Menifee

State

CA

Zip Code

92586-3457

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

06 / 10 / 2015

Transaction ID : C3178039

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

390.00



# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

### A. Cynthia Cobb

Mailing Address 500 Juliette Pl

City  
Lafayette

State  
LA

Zip Code  
70506-4571

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Allure Enhancement Center

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 10 / 2015

Transaction ID : C3178118

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

### B. Marie Coffin

Mailing Address 11321 W Ponderosa St

City  
Wichita

State  
KS

Zip Code  
67212-5642

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Clinic at Walgreen

Occupation

ARNP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

02 / 20 / 2015

Transaction ID : C3175024

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

### C. Marie Coffin

Mailing Address 11321 W Ponderosa St

City  
Wichita

State  
KS

Zip Code  
67212-5642

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Clinic at Walgreen

Occupation

ARNP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

05 / 07 / 2015

Transaction ID : C3167022

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1070.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Marie Coffin**

Mailing Address 11321 W Ponderosa St

City	State	Zip Code
Wichita	KS	67212-5642

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Clinic at Walgreen

Occupation

ARNP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	07	/	2015

**Transaction ID : C3175933**

Amount of Each Receipt this Period

65.00

Full Name (Last, First, Middle Initial)

**B. Marie Coffin**

Mailing Address 11321 W Ponderosa St

City	State	Zip Code
Wichita	KS	67212-5642

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Clinic at Walgreen

Occupation

ARNP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	27	/	2015

**Transaction ID : C3176342**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Marie Coffin**

Mailing Address 11321 W Ponderosa St

City	State	Zip Code
Wichita	KS	67212-5642

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Clinic at Walgreen

Occupation

ARNP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	10	/	2015

**Transaction ID : C3165205**

Amount of Each Receipt this Period

5.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

170.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Marie Coffin**

Mailing Address 11321 W Ponderosa St

City State Zip Code  
Wichita KS 67212-5642

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Clinic at Walgreen

Occupation

ARNP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 11 / 2015

**Transaction ID : C3176260**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Donna Coimbra-Emanuele**

Mailing Address 6428 Valmont St

City State Zip Code  
Tujunga CA 91042-2557

FEC ID number of contributing  
federal political committee.

C

Name of Employer

USC Verdugo Hill Hospital

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

740.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 02 / 2015

**Transaction ID : C3174985**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. Donna Coimbra-Emanuele**

Mailing Address 6428 Valmont St

City State Zip Code  
Tujunga CA 91042-2557

FEC ID number of contributing  
federal political committee.

C

Name of Employer

USC Verdugo Hill Hospital

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

740.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 06 / 2015

**Transaction ID : C3178089**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

650.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Donna Coimbra-Emanuele**

Mailing Address 6428 Valmont St

City

Tujunga

State

CA

Zip Code

91042-2557

FEC ID number of contributing  
federal political committee.

C

Name of Employer

USC Verdugo Hill Hospital

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

740.00

Date of Receipt

04 / 08 / 2015

Transaction ID : C3167064

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Donna Coimbra-Emanuele**

Mailing Address 6428 Valmont St

City

Tujunga

State

CA

Zip Code

91042-2557

FEC ID number of contributing  
federal political committee.

C

Name of Employer

USC Verdugo Hill Hospital

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

740.00

Date of Receipt

05 / 09 / 2015

Transaction ID : C3175925

Amount of Each Receipt this Period

65.00

Full Name (Last, First, Middle Initial)

**C. Donna Coimbra-Emanuele**

Mailing Address 6428 Valmont St

City

Tujunga

State

CA

Zip Code

91042-2557

FEC ID number of contributing  
federal political committee.

C

Name of Employer

USC Verdugo Hill Hospital

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

740.00

Date of Receipt

06 / 09 / 2015

Transaction ID : C3165241

Amount of Each Receipt this Period

5.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

90.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Donna Coimbra-Emanuele**

Mailing Address 6428 Valmont St

City

Tujunga

State

CA

Zip Code

91042-2557

FEC ID number of contributing  
federal political committee.

C

Name of Employer

USC Verdugo Hill Hospital

Occupation

NP

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

740.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 12 / 2015

Transaction ID : C3176216

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Keven Comer**

Mailing Address 509 Tillyfour Rd

City

Bozeman

State

MT

Zip Code

59718-9676

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Bozeman Health Group

Occupation

NP

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 10 / 2015

Transaction ID : C3177966

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Keven Comer**

Mailing Address 509 Tillyfour Rd

City

Bozeman

State

MT

Zip Code

59718-9676

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Bozeman Health Group

Occupation

NP

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 10 / 2015

Transaction ID : C3178038

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

650.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Cindy Cooke**

Mailing Address 5005 Red Mile Ct SE

City

Brownsboro

State

AL

Zip Code

35741-9306

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fox Army Health Center

Occupation

FNP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	8		2	0	1	5

**Transaction ID : C3176437**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Cindy Cooke**

Mailing Address 5005 Red Mile Ct SE

City

Brownsboro

State

AL

Zip Code

35741-9306

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fox Army Health Center

Occupation

FNP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	7		2	0	1	5

**Transaction ID : C3175982**

Amount of Each Receipt this Period

65.00

Full Name (Last, First, Middle Initial)

**C. Cindy Cooke**

Mailing Address 5005 Red Mile Ct SE

City

Brownsboro

State

AL

Zip Code

35741-9306

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fox Army Health Center

Occupation

FNP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	8		2	0	1	5

**Transaction ID : C3167047**

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

185.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Cindy Cooke**

Mailing Address 5005 Red Mile Ct SE

City

Brownsboro

State

AL

Zip Code

35741-9306

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fox Army Health Center

Occupation

FNP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5		2	7		2	0	1	5		

**Transaction ID : C3175885**

Amount of Each Receipt this Period

65.00

Full Name (Last, First, Middle Initial)

**B. Cindy Cooke**

Mailing Address 5005 Red Mile Ct SE

City

Brownsboro

State

AL

Zip Code

35741-9306

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fox Army Health Center

Occupation

FNP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		0	9		2	0	1	5		

**Transaction ID : C3176323**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Anna Maria Cruz**

Mailing Address PO Box 2

City

Hagatna

State

GU

Zip Code

96932-0002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United Family Medical Center

Occupation

FNP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	4		0	2		2	0	1	5		

**Transaction ID : C3174760**

Amount of Each Receipt this Period

40.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

205.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Anna Maria Maria Cruz**

Mailing Address PO Box 2

City Hagatna State GU Zip Code 96932-0002

FEC ID number of contributing federal political committee.

C

Name of Employer

United Family Medical Center

Occupation

FNP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 06 / 04 / 2015

Transaction ID : C3177760

Amount of Each Receipt this Period

195.00

Full Name (Last, First, Middle Initial)

**B. Anna Maria Maria Cruz**

Mailing Address PO Box 2

City Hagatna State GU Zip Code 96932-0002

FEC ID number of contributing federal political committee.

C

Name of Employer

United Family Medical Center

Occupation

FNP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 06 / 10 / 2015

Transaction ID : C3165589

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**C. Katherine Darling**

Mailing Address 637 Cougar Ln

City Mountain Home State AR Zip Code 72653-8878

FEC ID number of contributing federal political committee.

C

Name of Employer

Katherine Darling, PLLC

Occupation

PMHNP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

765.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 03 / 29 / 2015

Transaction ID : C3177420

Amount of Each Receipt this Period

120.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

325.00

**TOTAL** This Period (last page this line number only)..... ►



# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
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(check only one)

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

### A. Katherine Darling

Mailing Address 637 Cougar Ln

City

Mountain Home

State

AR

Zip Code

72653-8878

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Katherine Darling, PLLC

Occupation

PMHNP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

765.00

Date of Receipt

05 / 07 / 2015

Transaction ID : C3176351

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

### B. Katherine Darling

Mailing Address 637 Cougar Ln

City

Mountain Home

State

AR

Zip Code

72653-8878

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Katherine Darling, PLLC

Occupation

PMHNP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

765.00

Date of Receipt

05 / 28 / 2015

Transaction ID : C3175883

Amount of Each Receipt this Period

65.00

Full Name (Last, First, Middle Initial)

### C. Katherine Darling

Mailing Address 637 Cougar Ln

City

Mountain Home

State

AR

Zip Code

72653-8878

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Katherine Darling, PLLC

Occupation

PMHNP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

765.00

Date of Receipt

06 / 08 / 2015

Transaction ID : C3165264

Amount of Each Receipt this Period

5.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

170.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Katherine Darling**

Mailing Address 637 Cougar Ln

City

Mountain Home

State

AR

Zip Code

72653-8878

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Katherine Darling, PLLC

Occupation

PMHNP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

765.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 09 / 2015

Transaction ID : C3220512

Amount of Each Receipt this Period

425.00

\* In-Kind: In-Kind - Raffle Basket Donation

Full Name (Last, First, Middle Initial)

**B. Katherine Darling**

Mailing Address 637 Cougar Ln

City

Mountain Home

State

AR

Zip Code

72653-8878

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Katherine Darling, PLLC

Occupation

PMHNP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

765.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 10 / 2015

Transaction ID : C3174927

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. Kahlil Demonbreun**

Mailing Address 1020 Wedgewood Rd

City

Orangeburg

State

SC

Zip Code

29118-4073

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Veteran Affairs

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 08 / 2015

Transaction ID : C3178086

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

975.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. M Elayne Desimone**

Mailing Address 900 Winding Ln

City

State

Zip Code

Media

PA

19063-1656

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Widener University

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 20 / 2015

**Transaction ID : C3177527**

Amount of Each Receipt this Period

130.00

Full Name (Last, First, Middle Initial)

**B. M Elayne Desimone**

Mailing Address 900 Winding Ln

City

State

Zip Code

Media

PA

19063-1656

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Widener University

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 11 / 2015

**Transaction ID : C3166823**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**c. M Elayne Desimone**

Mailing Address 900 Winding Ln

City

State

Zip Code

Media

PA

19063-1656

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Widener University

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 11 / 2015

**Transaction ID : C3176270**

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Sattaria Dilks**

Mailing Address 1901 Rosedown Dr

City

Lake Charles

State

LA

Zip Code

70605-9700

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Psychiatric Mental Health NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

610.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 28 / 2015

**Transaction ID : C3177424**

Amount of Each Receipt this Period

120.00

Full Name (Last, First, Middle Initial)

**B. Sattaria Dilks**

Mailing Address 1901 Rosedown Dr

City

Lake Charles

State

LA

Zip Code

70605-9700

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Psychiatric Mental Health NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

610.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 07 / 2015

**Transaction ID : C3176350**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Sattaria Dilks**

Mailing Address 1901 Rosedown Dr

City

Lake Charles

State

LA

Zip Code

70605-9700

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Psychiatric Mental Health NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

610.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 28 / 2015

**Transaction ID : C3177515**

Amount of Each Receipt this Period

130.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

350.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Sattaria Dilks**

Mailing Address 1901 Rosedown Dr

City

Lake Charles

State

LA

Zip Code

70605-9700

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Psychiatric Mental Health NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

610.00

Date of Receipt

06 / 09 / 2015

Transaction ID : C3220528

Amount of Each Receipt this Period

120.00

\* In-Kind: In-Kind - Raffle Basket Donation

Full Name (Last, First, Middle Initial)

**B. Sattaria Dilks**

Mailing Address 1901 Rosedown Dr

City

Lake Charles

State

LA

Zip Code

70605-9700

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Psychiatric Mental Health NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

610.00

Date of Receipt

06 / 10 / 2015

Transaction ID : C3177706

Amount of Each Receipt this Period

140.00

Full Name (Last, First, Middle Initial)

**C. Nancy Dirubbo**

Mailing Address 184 Hickory Stick Ln

City

Laconia

State

NH

Zip Code

03246-2386

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 11 / 2015

Transaction ID : C3178083

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

760.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Cynthia Drew**

Mailing Address 2803 Fruitville Rd  
Apt 228

City State Zip Code  
Sarasota FL 34237-5344

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

435.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 16 / 2015

**Transaction ID : C3176493**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Cynthia Drew**

Mailing Address 2803 Fruitville Rd  
Apt 228

City State Zip Code  
Sarasota FL 34237-5344

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

435.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 29 / 2015

**Transaction ID : C3177413**

Amount of Each Receipt this Period

120.00

Full Name (Last, First, Middle Initial)

**C. Cynthia Drew**

Mailing Address 2803 Fruitville Rd  
Apt 228

City State Zip Code  
Sarasota FL 34237-5344

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

435.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 02 / 2015

**Transaction ID : C3166988**

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

240.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Cynthia Drew**

Mailing Address 2803 Fruitville Rd  
Apt 228

City State Zip Code  
Sarasota FL 34237-5344

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

435.00

Date of Receipt

06 / 02 / 2015

**Transaction ID : C3175865**

Amount of Each Receipt this Period

65.00

Full Name (Last, First, Middle Initial)

**B. Cynthia Drew**

Mailing Address 2803 Fruitville Rd  
Apt 228

City State Zip Code  
Sarasota FL 34237-5344

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

435.00

Date of Receipt

06 / 13 / 2015

**Transaction ID : C3177475**

Amount of Each Receipt this Period

130.00

Full Name (Last, First, Middle Initial)

**C. Pamela Dupont**

Mailing Address 4266 W Main St  
Ste 100

City State Zip Code  
Gray LA 70359-6421

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Psychiatric Services

FNP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 10 / 2015

**Transaction ID : C3177967**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

445.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Christopher Earles**

Mailing Address N. Hewitt Drive

City	State	Zip Code
Hewitt	TX	76643

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Scott &amp; White

Occupation

FNP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05	/	08	/	2015

**Transaction ID : C3178016**

Amount of Each Receipt this Period

260.00

Full Name (Last, First, Middle Initial)

**B. Christopher Earles**

Mailing Address N. Hewitt Drive

City	State	Zip Code
Hewitt	TX	76643

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Scott &amp; White

Occupation

FNP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	08	/	2015

**Transaction ID : C3177488**

Amount of Each Receipt this Period

130.00

Full Name (Last, First, Middle Initial)

**c. Christopher Earles**

Mailing Address N. Hewitt Drive

City	State	Zip Code
Hewitt	TX	76643

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Scott &amp; White

Occupation

FNP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	11	/	2015

**Transaction ID : C3166818**

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

410.00

**TOTAL** This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Cindy Edwards-Tuttle**

Mailing Address 3617 Swallow Tail Ln

City

Sylvania

State

OH

Zip Code

43560-3591

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ProMedica

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1085.00

Date of Receipt

04 / 06 / 2015

**Transaction ID : C3178090**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Cindy Edwards-Tuttle**

Mailing Address 3617 Swallow Tail Ln

City

Sylvania

State

OH

Zip Code

43560-3591

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ProMedica

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1085.00

Date of Receipt

06 / 09 / 2015

**Transaction ID : C3166942**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Cindy Edwards-Tuttle**

Mailing Address 3617 Swallow Tail Ln

City

Sylvania

State

OH

Zip Code

43560-3591

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ProMedica

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1085.00

Date of Receipt

06 / 09 / 2015

**Transaction ID : C3175819**

Amount of Each Receipt this Period

65.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

585.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

<p>Full Name (Last, First, Middle Initial) <b>A. Cindy Edwards-Tuttle</b></p> <p>Mailing Address 3617 Swallow Tail Ln</p> <p>City State Zip Code Sylvania OH 43560-3591</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation ProMedica NP</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼ 1085.00</p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y  06 / 11 / 2015  <b>Transaction ID : C3178082</b> </p> <p>Amount of Each Receipt this Period 500.00</p>
<p>Full Name (Last, First, Middle Initial) <b>B. Elizabeth Ellis</b></p> <p>Mailing Address 4308 County Road 126</p> <p>City State Zip Code Bedias TX 77831-9506</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation Memorial Hermann Hospital NP</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼ 250.00</p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y  06 / 11 / 2015  <b>Transaction ID : C3177962</b> </p> <p>Amount of Each Receipt this Period 250.00</p>
<p>Full Name (Last, First, Middle Initial) <b>C. Beverlee Furner</b></p> <p>Mailing Address 1647 Gold St</p> <p>City State Zip Code Middleton ID 83644-5197</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation Information Requested Information Requested</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼ 230.00</p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y  04 / 06 / 2015  <b>Transaction ID : C3177466</b> </p> <p>Amount of Each Receipt this Period 125.00</p>
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>		875.00
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>		

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

## **A. Beverlee Furner**

Mailing Address 1647 Gold St

City State Zip Code  
 Middleton ID 83644-5197

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 19 / 2015

**Transaction ID : C3167040**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

## **B. Beverlee Furner**

Mailing Address 1647 Gold St

City State Zip Code  
 Middleton ID 83644-5197

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 19 / 2015

**Transaction ID : C3175968**

Amount of Each Receipt this Period

65.00

Full Name (Last, First, Middle Initial)

## **C. Beverlee Furner**

Mailing Address 1647 Gold St

City State Zip Code  
 Middleton ID 83644-5197

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 12 / 2015

**Transaction ID : C3166688**

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

105.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Donald Gardenier**

Mailing Address 2621 Palisade Ave  
Apt 3D

City State Zip Code  
Bronx NY 10463-6108

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Icahn School of Medicine at MS

Occupation

FNP/Faculty

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

960.00

Date of Receipt

01 / 15 / 2015

**Transaction ID : C3178095**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Donald Gardenier**

Mailing Address 2621 Palisade Ave  
Apt 3D

City State Zip Code  
Bronx NY 10463-6108

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Icahn School of Medicine at MS

Occupation

FNP/Faculty

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

960.00

Date of Receipt

03 / 29 / 2015

**Transaction ID : C3176417**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Donald Gardenier**

Mailing Address 2621 Palisade Ave  
Apt 3D

City State Zip Code  
Bronx NY 10463-6108

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Icahn School of Medicine at MS

Occupation

FNP/Faculty

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

960.00

Date of Receipt

04 / 08 / 2015

**Transaction ID : C3167049**

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

620.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Donald Gardenier**

Mailing Address 2621 Palisade Ave  
Apt 3D

City State Zip Code  
Bronx NY 10463-6108

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Icahn School of Medicine at MS

Occupation

FNP/Faculty

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

960.00

Date of Receipt

06 / 03 / 2015

**Transaction ID : C3175845**

Amount of Each Receipt this Period

65.00

Full Name (Last, First, Middle Initial)

**B. Donald Gardenier**

Mailing Address 2621 Palisade Ave  
Apt 3D

City State Zip Code  
Bronx NY 10463-6108

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Icahn School of Medicine at MS

Occupation

FNP/Faculty

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

960.00

Date of Receipt

06 / 09 / 2015

**Transaction ID : C3220546**

Amount of Each Receipt this Period

70.00

\* In-Kind: In-Kind - Raffle Basket Donation

Full Name (Last, First, Middle Initial)

**C. Donald Gardenier**

Mailing Address 2621 Palisade Ave  
Apt 3D

City State Zip Code  
Bronx NY 10463-6108

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Icahn School of Medicine at MS

Occupation

FNP/Faculty

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

960.00

Date of Receipt

06 / 09 / 2015

**Transaction ID : C3220548**

Amount of Each Receipt this Period

55.00

\* In-Kind: In-Kind - Raffle Basket Donation

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

190.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Donald Gardenier**

Mailing Address 2621 Palisade Ave  
Apt 3D

City State Zip Code  
Bronx NY 10463-6108

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Icahn School of Medicine at MS

Occupation

FNP/Faculty

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

960.00

Date of Receipt

06 / 09 / 2015

Transaction ID : C3220551

Amount of Each Receipt this Period

50.00

\* In-Kind: In-Kind - Raffle Basket Donation

Full Name (Last, First, Middle Initial)

**B. Donald Gardenier**

Mailing Address 2621 Palisade Ave  
Apt 3D

City State Zip Code  
Bronx NY 10463-6108

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Icahn School of Medicine at MS

Occupation

FNP/Faculty

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

960.00

Date of Receipt

06 / 11 / 2015

Transaction ID : C3176255

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Angela Golden**

Mailing Address PO Box 25959

City State Zip Code  
Munds Park AZ 86017-5959

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NP from Home, LLC

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

02 / 14 / 2015

Transaction ID : C3178094

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

650.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Angela Golden**

Mailing Address PO Box 25959

City

Munds Park

State

AZ

Zip Code

86017-5959

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NP from Home, LLC

Occupation

NP

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

03 / 28 / 2015

**Transaction ID : C3177422**

Amount of Each Receipt this Period

120.00

Full Name (Last, First, Middle Initial)

**B. Angela Golden**

Mailing Address PO Box 25959

City

Munds Park

State

AZ

Zip Code

86017-5959

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NP from Home, LLC

Occupation

NP

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 07 / 2015

**Transaction ID : C3175985**

Amount of Each Receipt this Period

65.00

Full Name (Last, First, Middle Initial)

**C. Angela Golden**

Mailing Address PO Box 25959

City

Munds Park

State

AZ

Zip Code

86017-5959

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NP from Home, LLC

Occupation

NP

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 27 / 2015

**Transaction ID : C3177521**

Amount of Each Receipt this Period

130.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

315.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Angela Golden**

Mailing Address PO Box 25959

City

Munds Park

State

AZ

Zip Code

86017-5959

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NP from Home, LLC

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 09 / 2015

Transaction ID : C3220519

Amount of Each Receipt this Period

150.00

\* In-Kind: In-Kind - Raffle Basket Donation

Full Name (Last, First, Middle Initial)

**B. Angela Golden**

Mailing Address PO Box 25959

City

Munds Park

State

AZ

Zip Code

86017-5959

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NP from Home, LLC

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 12 / 2015

Transaction ID : C3166527

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

**C. Angela Golden**

Mailing Address PO Box 25959

City

Munds Park

State

AZ

Zip Code

86017-5959

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NP from Home, LLC

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 12 / 2015

Transaction ID : C3166727

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

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185.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

## **A. Veronica Gutchell**

Mailing Address 11261 Slalom Ln

Unit A

City

Columbia

State

MD

Zip Code

21044-2965

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Maryland

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 19 / 2015

Transaction ID : C3176520

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

## **B. Veronica Gutchell**

Mailing Address 11261 Slalom Ln

Unit A

City

Columbia

State

MD

Zip Code

21044-2965

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Maryland

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 30 / 2015

Transaction ID : C3177715

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

## **C. Gayle Harrell**

Mailing Address 1260 Barker Rd

City

Pelahatchie

State

MS

Zip Code

39145-4031

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baptist Wound Center

Occupation

FNP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

04 / 08 / 2015

Transaction ID : C3176376

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

350.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Gayle Harrell**

Mailing Address 1260 Barker Rd

City State Zip Code  
Pelahatchie MS 39145-4031

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baptist Wound Center

Occupation

FNP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 10 / 2015

**Transaction ID : C3177402**

Amount of Each Receipt this Period

120.00

Full Name (Last, First, Middle Initial)

**B. Kimberly Hastings**

Mailing Address 100 Nueces River Trl

City State Zip Code  
Hutto TX 78634-2001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Seton Medical Center

Occupation

RN-FNP Student

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 20 / 2015

**Transaction ID : C3167004**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Kimberly Hastings**

Mailing Address 100 Nueces River Trl

City State Zip Code  
Hutto TX 78634-2001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Seton Medical Center

Occupation

RN-FNP Student

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 20 / 2015

**Transaction ID : C3175897**

Amount of Each Receipt this Period

65.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

205.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Kimberly Hastings**

Mailing Address 100 Nueces River Trl

City

State

Zip Code

Hutto

TX

78634-2001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Seton Medical Center

RN-FNP Student

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

05 / 28 / 2015

**Transaction ID : C3175882**

Amount of Each Receipt this Period

65.00

Full Name (Last, First, Middle Initial)

**B. Kimberly Hastings**

Mailing Address 100 Nueces River Trl

City

State

Zip Code

Hutto

TX

78634-2001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Seton Medical Center

RN-FNP Student

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

06 / 09 / 2015

**Transaction ID : C3165257**

Amount of Each Receipt this Period

5.00

Full Name (Last, First, Middle Initial)

**C. Kimberly Hastings**

Mailing Address 100 Nueces River Trl

City

State

Zip Code

Hutto

TX

78634-2001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Seton Medical Center

RN-FNP Student

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

06 / 19 / 2015

**Transaction ID : C3175788**

Amount of Each Receipt this Period

65.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

135.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Kathleen Haycraft**

Mailing Address 300 Lovers Leap Rd

City

Hannibal

State

MO

Zip Code

63401-5227

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RIVERSIDE DERMATOLOGY

Occupation

FNP, DCNP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

04 / 06 / 2015

**Transaction ID : C3178121**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Kathleen Haycraft**

Mailing Address 300 Lovers Leap Rd

City

Hannibal

State

MO

Zip Code

63401-5227

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RIVERSIDE DERMATOLOGY

Occupation

FNP, DCNP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

06 / 12 / 2015

**Transaction ID : C3176217**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Mary Healy**

Mailing Address 2255 Datura St

City

Sarasota

State

FL

Zip Code

34239-3914

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Heart & Vascular Center

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 20 / 2015

**Transaction ID : C3177719**

Amount of Each Receipt this Period

150.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Mary Healy**

Mailing Address 2255 Datura St

City

Sarasota

State

FL

Zip Code

34239-3914

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Heart & Vascular Center

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 10 / 2015

**Transaction ID : C3176316**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. David Hebert**

Mailing Address 225 Reinekers Ln  
Ste 525

City

Alexandria

State

VA

Zip Code

22314-2880

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AANP

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

04 / 06 / 2015

**Transaction ID : C3178091**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. David Hebert**

Mailing Address 225 Reinekers Ln  
Ste 525

City

Alexandria

State

VA

Zip Code

22314-2880

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AANP

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

06 / 09 / 2015

**Transaction ID : C3220513**

Amount of Each Receipt this Period

400.00

\* In-Kind: In-Kind - Raffle Basket Donation

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Meredith Heyde**

Mailing Address 105 Quail Ridge Dr

City  
Simpsonville

State Zip Code  
SC 29680-6606

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Optum/United Health Group

Occupation  
FNP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

445.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 29 / 2015

Transaction ID : C3177419

Amount of Each Receipt this Period

120.00

Full Name (Last, First, Middle Initial)

**B. Meredith Heyde**

Mailing Address 105 Quail Ridge Dr

City  
Simpsonville

State Zip Code  
SC 29680-6606

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Optum/United Health Group

Occupation  
FNP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

445.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 02 / 2015

Transaction ID : C3175863

Amount of Each Receipt this Period

65.00

Full Name (Last, First, Middle Initial)

**C. Meredith Heyde**

Mailing Address 105 Quail Ridge Dr

City  
Simpsonville

State Zip Code  
SC 29680-6606

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Optum/United Health Group

Occupation  
FNP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

445.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 10 / 2015

Transaction ID : C3177952

Amount of Each Receipt this Period

240.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

425.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Meredith Heyde**

Mailing Address 105 Quail Ridge Dr

City State Zip Code  
 Simpsonville SC 29680-6606

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Optum/United Health Group

Occupation  
 FNP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

445.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 12 / 2015

**Transaction ID : C3166716**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Leann Holmes**

Mailing Address 5339 Roose St

City State Zip Code  
 Lincoln NE 68506-2675

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 CVS Minute Clinic

Occupation  
 NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 08 / 2015

**Transaction ID : C3174980**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. Leann Holmes**

Mailing Address 5339 Roose St

City State Zip Code  
 Lincoln NE 68506-2675

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 CVS Minute Clinic

Occupation  
 NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 09 / 2015

**Transaction ID : C3220533**

Amount of Each Receipt this Period

100.00

\* In-Kind: In-Kind - Raffle Basket Donation

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

170.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Leann Holmes**

Mailing Address 5339 Roose St

City  
Lincoln

State  
NE

Zip Code  
68506-2675

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CVS Minute Clinic

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 12 / 2015

Transaction ID : C3176243

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Sue Hoyt**

Mailing Address 211 Dahlia Ave  
Apt L

City

Imperial Beach

State

CA

Zip Code

91932-1944

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St. Mary Medical Center

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

04 / 13 / 2015

Transaction ID : C3176371

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Sue Hoyt**

Mailing Address 211 Dahlia Ave  
Apt L

City

Imperial Beach

State

CA

Zip Code

91932-1944

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St. Mary Medical Center

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

04 / 13 / 2015

Transaction ID : C3176372

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

300.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Sue Hoyt**

Mailing Address 211 Dahlia Ave  
Apt L

City State Zip Code  
Imperial Beach CA 91932-1944

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St. Mary Medical Center

Occupation  
NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 17 / 2015

**Transaction ID : C3176369**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Marianne Hurley**

Mailing Address 170 Silver Lake Ave

City State Zip Code  
Wakefield RI 02879-4224

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Univ Medicine/Geriatrics

Occupation  
GNP/Faculty

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 20 / 2015

**Transaction ID : C3176516**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Marianne Hurley**

Mailing Address 170 Silver Lake Ave

City State Zip Code  
Wakefield RI 02879-4224

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Univ Medicine/Geriatrics

Occupation  
GNP/Faculty

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 29 / 2015

**Transaction ID : C3167082**

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

220.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Marianne Hurley**

Mailing Address 170 Silver Lake Ave

City

Wakefield

State

RI

Zip Code

02879-4224

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Univ Medicine/Geriatrics

Occupation

GNP/Faculty

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

03 / 29 / 2015

**Transaction ID : C3176427**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Marianne Hurley**

Mailing Address 170 Silver Lake Ave

City

Wakefield

State

RI

Zip Code

02879-4224

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Univ Medicine/Geriatrics

Occupation

GNP/Faculty

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

06 / 03 / 2015

**Transaction ID : C3175849**

Amount of Each Receipt this Period

65.00

Full Name (Last, First, Middle Initial)

**C. Marianne Hurley**

Mailing Address 170 Silver Lake Ave

City

Wakefield

State

RI

Zip Code

02879-4224

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Univ Medicine/Geriatrics

Occupation

GNP/Faculty

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

06 / 10 / 2015

**Transaction ID : C3176311**

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

265.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Julia James**

Mailing Address PO Box 127

129 S Main St

City

State

Zip Code

Clio

SC

29525-0127

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Clio Health

FNP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1075.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	09	/	2015

**Transaction ID : C3177487**

Amount of Each Receipt this Period

130.00

Full Name (Last, First, Middle Initial)

**B. Julia James**

Mailing Address PO Box 127

129 S Main St

City

State

Zip Code

Clio

SC

29525-0127

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Clio Health

FNP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1075.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	10	/	2015

**Transaction ID : C3165199**

Amount of Each Receipt this Period

5.00

Full Name (Last, First, Middle Initial)

**C. Julia James**

Mailing Address PO Box 127

129 S Main St

City

State

Zip Code

Clio

SC

29525-0127

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Clio Health

FNP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1075.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	10	/	2015

**Transaction ID : C3177403**

Amount of Each Receipt this Period

120.00

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

255.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Julia James**

Mailing Address PO Box 127

129 S Main St

City

State

Zip Code

Clio

SC

29525-0127

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Clio Health

FNP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1075.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 11 / 2015

**Transaction ID : C3166833**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Julia James**

Mailing Address PO Box 127

129 S Main St

City

State

Zip Code

Clio

SC

29525-0127

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Clio Health

FNP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1075.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 12 / 2015

**Transaction ID : C3176218**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Julia James**

Mailing Address PO Box 127

129 S Main St

City

State

Zip Code

Clio

SC

29525-0127

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Clio Health

FNP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1075.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 12 / 2015

**Transaction ID : C3176221**

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

220.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Julia James**

Mailing Address PO Box 127

129 S Main St

City

State

Zip Code

Clio

SC

29525-0127

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Clio Health

FNP

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1075.00

Date of Receipt

06 / 12 / 2015

**Transaction ID : C3176225**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Julia James**

Mailing Address PO Box 127

129 S Main St

City

State

Zip Code

Clio

SC

29525-0127

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Clio Health

FNP

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1075.00

Date of Receipt

06 / 13 / 2015

**Transaction ID : C3178081**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Herndon Jeansonne**

Mailing Address 1007 Sycamore St

City

State

Zip Code

Cottonport

LA

71327-3403

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

NP

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

03 / 28 / 2015

**Transaction ID : C3177423**

Amount of Each Receipt this Period

120.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

720.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Herndon Jeansonne**

Mailing Address 1007 Sycamore St

City

Cottonport

State

LA

Zip Code

71327-3403

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

05 / 04 / 2015

**Transaction ID : C3178120**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Herndon Jeansonne**

Mailing Address 1007 Sycamore St

City

Cottonport

State

LA

Zip Code

71327-3403

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

05 / 07 / 2015

**Transaction ID : C3177547**

Amount of Each Receipt this Period

130.00

Full Name (Last, First, Middle Initial)

**C. Margaret Johnson**

Mailing Address 1501 Alpine Dr

City

West Columbia

State

SC

Zip Code

29169-6005

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SCDMH

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

04 / 10 / 2015

**Transaction ID : C3176173**

Amount of Each Receipt this Period

80.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1210.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 63 OF 143

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

A. Margaret Johnson

Mailing Address 1501 Alpine Dr

City

West Columbia

State

SC

Zip Code

29169-6005

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SCDMH

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 10 / 2015

Transaction ID : C3178017

Amount of Each Receipt this Period

260.00

Full Name (Last, First, Middle Initial)

B. Catherine Jones

Mailing Address 5057 Copperglen Cir

City

Colleyville

State

TX

Zip Code

76034-4808

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TX Pulmonary and CC Consult

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 10 / 2015

Transaction ID : C3177964

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Christina Keil

Mailing Address 2419 Bowie Ln

City

Grapevine

State

TX

Zip Code

76051-8013

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Marathon Health

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 12 / 2015

Transaction ID : C3177961

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

760.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Katherine Kenny**

Mailing Address 6026 N 5th Pl

City

Phoenix

State

AZ

Zip Code

85012-1278

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Arizona State University

Occupation

NP, Assistant Dean

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 01 / 2015

**Transaction ID : C3178096**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Karen Ketner**

Mailing Address 5877 Pistoia Way

City

San Jose

State

CA

Zip Code

95138-2352

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kaiser Permanente

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

03 / 04 / 2015

**Transaction ID : C3168599**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C. Karen Ketner**

Mailing Address 5877 Pistoia Way

City

San Jose

State

CA

Zip Code

95138-2352

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kaiser Permanente

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

04 / 06 / 2015

**Transaction ID : C3168288**

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

550.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Karen Ketner**

Mailing Address 5877 Pistoia Way

City

San Jose

State

CA

Zip Code

95138-2352

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kaiser Permanente

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

05 / 26 / 2015

Transaction ID : C3175887

Amount of Each Receipt this Period

65.00

Full Name (Last, First, Middle Initial)

**B. Karen Ketner**

Mailing Address 5877 Pistoia Way

City

San Jose

State

CA

Zip Code

95138-2352

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kaiser Permanente

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

06 / 09 / 2015

Transaction ID : C3220525

Amount of Each Receipt this Period

125.00

\* In-Kind: In-Kind - Raffle Basket Donation

Full Name (Last, First, Middle Initial)

**C. Rose Knapp**

Mailing Address 52 Poplar Ave

City

Fair Haven

State

NJ

Zip Code

07704-3026

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Monmouth University

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

01 / 07 / 2015

Transaction ID : C3176529

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

290.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
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(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Rose Knapp**

Mailing Address 52 Poplar Ave

City

Fair Haven

State

NJ

Zip Code

07704-3026

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Monmouth University

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	3		2	0	1	5

**Transaction ID : C3176525**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Rose Knapp**

Mailing Address 52 Poplar Ave

City

Fair Haven

State

NJ

Zip Code

07704-3026

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Monmouth University

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	2		2	0	1	5

**Transaction ID : C3166987**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Rose Knapp**

Mailing Address 52 Poplar Ave

City

Fair Haven

State

NJ

Zip Code

07704-3026

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Monmouth University

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	2		2	0	1	5

**Transaction ID : C3175860**

Amount of Each Receipt this Period

65.00

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

185.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Joyce Knestrick**

Mailing Address 801 Alamae Lakes Rd

City

Washington

State

PA

Zip Code

15301-9150

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Georgetown University

Occupation

Associate Professor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1005.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 02 / 2015

**Transaction ID : C3169348**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. Joyce Knestrick**

Mailing Address 801 Alamae Lakes Rd

City

Washington

State

PA

Zip Code

15301-9150

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Georgetown University

Occupation

Associate Professor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1005.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 29 / 2015

**Transaction ID : C3178117**

Amount of Each Receipt this Period

980.00

Full Name (Last, First, Middle Initial)

**C. Michelle Knowles**

Mailing Address 1551 220th Ave

City

Hays

State

KS

Zip Code

67601-9306

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Veterans Administration

Occupation

APRN

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 04 / 2015

**Transaction ID : C3169159**

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1030.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Michelle Knowles**

Mailing Address 1551 220th Ave

City

State

Zip Code

Hays

KS

67601-9306

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Veterans Administration

APRN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 13 / 2015

**Transaction ID : C3167017**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Michelle Knowles**

Mailing Address 1551 220th Ave

City

State

Zip Code

Hays

KS

67601-9306

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Veterans Administration

APRN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 13 / 2015

**Transaction ID : C3175917**

Amount of Each Receipt this Period

65.00

Full Name (Last, First, Middle Initial)

**C. Michelle Knowles**

Mailing Address 1551 220th Ave

City

State

Zip Code

Hays

KS

67601-9306

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Veterans Administration

APRN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 10 / 2015

**Transaction ID : C3174742**

Amount of Each Receipt this Period

40.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

125.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Michelle Knowles**

Mailing Address 1551 220th Ave

City

State

Zip Code

Hays

KS

67601-9306

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Veterans Administration

APRN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 10 / 2015

**Transaction ID : C3176313**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Deirdre Krause**

Mailing Address 13283 Marcella Blvd

City

State

Zip Code

Loxahatchee

FL

33470-4965

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

NOVA Southeastern University

Assoc. Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 18 / 2015

**Transaction ID : C3167007**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Deirdre Krause**

Mailing Address 13283 Marcella Blvd

City

State

Zip Code

Loxahatchee

FL

33470-4965

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

NOVA Southeastern University

Assoc. Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 18 / 2015

**Transaction ID : C3175906**

Amount of Each Receipt this Period

65.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

185.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
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Detailed Summary PageFOR LINE NUMBER: PAGE 70 OF 143  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Deirdre Krause**

Mailing Address 13283 Marcella Blvd

City

Loxahatchee

State

FL

Zip Code

33470-4965

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NOVA Southeastern University

Occupation

Assoc. Professor

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	12	/	2015

**Transaction ID : C3176227**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Deirdre Krause**

Mailing Address 13283 Marcella Blvd

City

Loxahatchee

State

FL

Zip Code

33470-4965

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NOVA Southeastern University

Occupation

Assoc. Professor

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	12	/	2015

**Transaction ID : C3176228**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Dolores Krebs**

Mailing Address 140 Boniface Dr

City

Rochester

State

NY

Zip Code

14620-3336

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Rochester

Occupation

FNP

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05	/	14	/	2015

**Transaction ID : C3175911**

Amount of Each Receipt this Period

65.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

265.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

## **A. Dolores Krebs**

Mailing Address 140 Boniface Dr

City  
Rochester

State  
NY

Zip Code  
14620-3336

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Rochester

Occupation

FNP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

06 / 03 / 2015

**Transaction ID : C3166980**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

## **B. Dolores Krebs**

Mailing Address 140 Boniface Dr

City  
Rochester

State  
NY

Zip Code  
14620-3336

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Rochester

Occupation

FNP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

06 / 03 / 2015

**Transaction ID : C3177502**

Amount of Each Receipt this Period

130.00

Full Name (Last, First, Middle Initial)

## **C. Beth Kuzma**

Mailing Address 2814 Deake Ave

City  
Ann Arbor

State  
MI

Zip Code  
48108-1337

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Regional Alliance for Healthy

Occupation

FNP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

04 / 06 / 2015

**Transaction ID : C3176383**

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Beth Kuzma**

Mailing Address 2814 Deake Ave

City

Ann Arbor

State

MI

Zip Code

48108-1337

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Regional Alliance for Healthy

Occupation

FNP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

06 / 08 / 2015

**Transaction ID : C3174932**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Beth Kuzma**

Mailing Address 2814 Deake Ave

City

Ann Arbor

State

MI

Zip Code

48108-1337

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Regional Alliance for Healthy

Occupation

FNP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

06 / 09 / 2015

**Transaction ID : C3220542**

Amount of Each Receipt this Period

75.00

\* In-Kind: In-Kind - Raffle Basket Donation

Full Name (Last, First, Middle Initial)

**C. Claude Lauderbach**

Mailing Address 42549 Capitol

City

Novi

State

MI

Zip Code

48375-1752

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Trinity Health

Occupation

Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 30 / 2015

**Transaction ID : C3178088**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

625.00

**TOTAL** This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

A. Nancy Lawton

Mailing Address 2289 NE 61st St

City  
Seattle

State  
WA

Zip Code  
98115-7016

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Neighborcare Health Greenwood

Occupation  
FNP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
06 / 09 / 2015

Transaction ID : C3178119

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Nancy Lawton

Mailing Address 2289 NE 61st St

City  
Seattle

State  
WA

Zip Code  
98115-7016

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Neighborcare Health Greenwood

Occupation  
FNP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
06 / 09 / 2015

Transaction ID : C3220537

Amount of Each Receipt this Period

100.00

\* In-Kind: In-Kind - Raffle Basket Donation

Full Name (Last, First, Middle Initial)

C. Claire Lefevre

Mailing Address 8435 Edgewater Place Blvd

City  
Tampa

State  
FL

Zip Code  
33615-1389

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tampa VA Medical Center

Occupation  
ARNP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 28 / 2015

Transaction ID : C3166998

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

1120.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Claire Lefevre**

Mailing Address 8435 Edgewater Place Blvd

City State Zip Code  
Tampa FL 33615-1389

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tampa VA Medical Center

Occupation  
ARNP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 28 / 2015

**Transaction ID : C3177761**

Amount of Each Receipt this Period

195.00

Full Name (Last, First, Middle Initial)

**B. Claire Lefevre**

Mailing Address 8435 Edgewater Place Blvd

City State Zip Code  
Tampa FL 33615-1389

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tampa VA Medical Center

Occupation  
ARNP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 08 / 2015

**Transaction ID : C3166534**

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

**C. Colleen Leners**

Mailing Address 3738 Via Del Conquistador

City State Zip Code  
San Diego CA 92117-5741

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RWJF

Occupation

Health Policy Fellow

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 07 / 2015

**Transaction ID : C3167070**

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

230.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 75 OF 143

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Colleen Leners**

Mailing Address 3738 Via Del Conquistador

City State Zip Code  
 San Diego CA 92117-5741

FEC ID number of contributing federal political committee.

C

Name of Employer

RWJF

Occupation

Health Policy Fellow

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 07 / 2015

Transaction ID : C3177575

Amount of Each Receipt this Period

130.00

Full Name (Last, First, Middle Initial)

**B. Colleen Leners**

Mailing Address 3738 Via Del Conquistador

City State Zip Code  
 San Diego CA 92117-5741

FEC ID number of contributing federal political committee.

C

Name of Employer

RWJF

Occupation

Health Policy Fellow

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 11 / 2015

Transaction ID : C3165580

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**C. Colleen Leners**

Mailing Address 3738 Via Del Conquistador

City State Zip Code  
 San Diego CA 92117-5741

FEC ID number of contributing federal political committee.

C

Name of Employer

RWJF

Occupation

Health Policy Fellow

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 11 / 2015

Transaction ID : C3177791

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)..... ►

340.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

## **A. Melanie Logue**

Mailing Address 3300 W Camelback Rd

City State Zip Code  
Phoenix AZ 85017-3030

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Grand Canyon University

Occupation  
Faculty

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 10 / 2015

**Transaction ID : C3166917**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

## **B. Melanie Logue**

Mailing Address 3300 W Camelback Rd

City State Zip Code  
Phoenix AZ 85017-3030

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Grand Canyon University

Occupation  
Faculty

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 12 / 2015

**Transaction ID : C3177960**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **C. Robert Lorenz**

Mailing Address 1309 Childress Ave

City State Zip Code  
Saint Louis MO 63139-3452

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St. Anthony's

Occupation  
NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 07 / 2015

**Transaction ID : C3174759**

Amount of Each Receipt this Period

40.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

310.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
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 (check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Robert Lorenz**

Mailing Address 1309 Childress Ave

City

Saint Louis

State

MO

Zip Code

63139-3452

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St. Anthony's

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	4		0	7		2	0	1	5		

**Transaction ID : C3177576**

Amount of Each Receipt this Period

130.00

Full Name (Last, First, Middle Initial)

**B. Robert Lorenz**

Mailing Address 1309 Childress Ave

City

Saint Louis

State

MO

Zip Code

63139-3452

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St. Anthony's

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		0	8		2	0	1	5		

**Transaction ID : C3165606**

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**C. Robert Lorenz**

Mailing Address 1309 Childress Ave

City

Saint Louis

State

MO

Zip Code

63139-3452

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St. Anthony's

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		1	0		2	0	1	5		

**Transaction ID : C3165592**

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

150.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Robert Lorenz**

Mailing Address 1309 Childress Ave

City

Saint Louis

State

MO

Zip Code

63139-3452

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St. Anthony's

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

06 / 10 / 2015

**Transaction ID : C3166882**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Lenora Lorenzo**

Mailing Address PO Box 474

62-394 Jp Leong Hwy

City

Haleiwa

State

HI

Zip Code

96712-0474

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Island HCS- VA

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1320.00

Date of Receipt

03 / 29 / 2015

**Transaction ID : C3176428**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Lenora Lorenzo**

Mailing Address PO Box 474

62-394 Jp Leong Hwy

City

Haleiwa

State

HI

Zip Code

96712-0474

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Island HCS- VA

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1320.00

Date of Receipt

04 / 02 / 2015

**Transaction ID : C3176393**

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

220.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Lenora Lorenzo**

Mailing Address PO Box 474

62-394 Jp Leong Hwy

City

Haleiwa

State

HI

Zip Code

96712-0474

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Island HCS- VA

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1320.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 09 / 2015

Transaction ID : C3220514

Amount of Each Receipt this Period

1100.00

\* In-Kind: In-Kind - Raffle Basket Donation

Full Name (Last, First, Middle Initial)

**B. Lenora Lorenzo**

Mailing Address PO Box 474

62-394 Jp Leong Hwy

City

Haleiwa

State

HI

Zip Code

96712-0474

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Island HCS- VA

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1320.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 12 / 2015

Transaction ID : C3166701

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Lori Martin-Plank**

Mailing Address 90 Ervin Rd

City

Pipersville

State

PA

Zip Code

18947-9391

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Heartland Hospice

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 20 / 2015

Transaction ID : C3168999

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1145.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Lori Martin-Plank**

Mailing Address 90 Ervin Rd

City

Pipersville

State

PA

Zip Code

18947-9391

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Heartland Hospice

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

03 / 29 / 2015

Transaction ID : C3177418

Amount of Each Receipt this Period

120.00

Full Name (Last, First, Middle Initial)

**B. Lori Martin-Plank**

Mailing Address 90 Ervin Rd

City

Pipersville

State

PA

Zip Code

18947-9391

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Heartland Hospice

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

06 / 09 / 2015

Transaction ID : C3220535

Amount of Each Receipt this Period

100.00

\* In-Kind: In-Kind - Raffle Basket Donation

Full Name (Last, First, Middle Initial)

**C. Wayne Mcleod**

Mailing Address 9384 E Myra Dr

City

Tucson

State

AZ

Zip Code

85730-2940

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Seguaro Surgical

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

01 / 25 / 2015

Transaction ID : C3176506

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

320.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Wayne Mcleod**

Mailing Address 9384 E Myra Dr

City

Tucson

State

AZ

Zip Code

85730-2940

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Seguaro Surgical

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

06 / 10 / 2015

**Transaction ID : C3176300**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Wayne Mcleod**

Mailing Address 9384 E Myra Dr

City

Tucson

State

AZ

Zip Code

85730-2940

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Seguaro Surgical

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

06 / 11 / 2015

**Transaction ID : C3177481**

Amount of Each Receipt this Period

130.00

Full Name (Last, First, Middle Initial)

**C. Alison Mitchell**

Mailing Address 4713 Hummingbird St

City

Houston

State

TX

Zip Code

77035-4915

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Houston Methodist Hospital

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

03 / 28 / 2015

**Transaction ID : C3176438**

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

330.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

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 (check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Alison Mitchell**

Mailing Address 4713 Hummingbird St

City

Houston

State

TX

Zip Code

77035-4915

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Houston Methodist Hospital

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		1	0		2	0	1	5		

**Transaction ID : C3177965**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Celia Morse**

Mailing Address 544 Saint John Pl

City

Franklin

State

TN

Zip Code

37064-8901

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St. John

Occupation

FNP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		1	2		2	0	1	5		

**Transaction ID : C3177959**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Lee Moss**

Mailing Address 828 E 17th Ave

City

Salt Lake City

State

UT

Zip Code

84103-3713

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Utah

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

610.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3		2	9		2	0	1	5		

**Transaction ID : C3176433**

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

600.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 83 OF 143  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Lee Moss**

Mailing Address 828 E 17th Ave

City State Zip Code  
 Salt Lake City UT 84103-3713

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Utah

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

610.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 29 / 2015

**Transaction ID : C3176434**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Lee Moss**

Mailing Address 828 E 17th Ave

City State Zip Code  
 Salt Lake City UT 84103-3713

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Utah

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

610.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : C3176398**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Lee Moss**

Mailing Address 828 E 17th Ave

City State Zip Code  
 Salt Lake City UT 84103-3713

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Utah

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

610.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 17 / 2015

**Transaction ID : C3167008**

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

220.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Lee Moss**

Mailing Address 828 E 17th Ave

City

Salt Lake City

State

UT

Zip Code

84103-3713

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Utah

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

610.00

Date of Receipt

05 / 17 / 2015

Transaction ID : C3175907

Amount of Each Receipt this Period

65.00

Full Name (Last, First, Middle Initial)

**B. Lee Moss**

Mailing Address 828 E 17th Ave

City

Salt Lake City

State

UT

Zip Code

84103-3713

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Utah

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

610.00

Date of Receipt

06 / 09 / 2015

Transaction ID : C3220539

Amount of Each Receipt this Period

85.00

\* In-Kind: In-Kind - Raffle Basket Donation

Full Name (Last, First, Middle Initial)

**C. Lee Moss**

Mailing Address 828 E 17th Ave

City

Salt Lake City

State

UT

Zip Code

84103-3713

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Utah

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

610.00

Date of Receipt

06 / 09 / 2015

Transaction ID : C3220540

Amount of Each Receipt this Period

85.00

\* In-Kind: In-Kind - Raffle Basket Donation

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

235.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Lee Moss**

Mailing Address 828 E 17th Ave

City

Salt Lake City

State

UT

Zip Code

84103-3713

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Utah

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

610.00

Date of Receipt

06 / 10 / 2015

**Transaction ID : C3165216**

Amount of Each Receipt this Period

5.00

Full Name (Last, First, Middle Initial)

**B. Lee Moss**

Mailing Address 828 E 17th Ave

City

Salt Lake City

State

UT

Zip Code

84103-3713

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Utah

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

610.00

Date of Receipt

06 / 10 / 2015

**Transaction ID : C3174374**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**C. Lee Moss**

Mailing Address 828 E 17th Ave

City

Salt Lake City

State

UT

Zip Code

84103-3713

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Utah

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

610.00

Date of Receipt

06 / 12 / 2015

**Transaction ID : C3166756**

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

55.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 86 OF 143  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Francis Neuzil, Jr. Jr.**

Mailing Address PO Box 1804

City

Lady Lake

State

FL

Zip Code

32158-1804

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Allergy, Sinus and Asthma FHC

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

01 / 07 / 2015

**Transaction ID : C3169096**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. Francis Neuzil, Jr. Jr.**

Mailing Address PO Box 1804

City

Lady Lake

State

FL

Zip Code

32158-1804

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Allergy, Sinus and Asthma FHC

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

06 / 07 / 2015

**Transaction ID : C3166972**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Francis Neuzil, Jr. Jr.**

Mailing Address PO Box 1804

City

Lady Lake

State

FL

Zip Code

32158-1804

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Allergy, Sinus and Asthma FHC

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

06 / 07 / 2015

**Transaction ID : C3177492**

Amount of Each Receipt this Period

130.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

175.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Francis Neuzil, Jr. Jr.**

Mailing Address PO Box 1804

City

Lady Lake

State

FL

Zip Code

32158-1804

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Allergy, Sinus and Asthma FHC

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

06 / 10 / 2015

**Transaction ID : C3165591**

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**B. Francis Neuzil, Jr. Jr.**

Mailing Address PO Box 1804

City

Lady Lake

State

FL

Zip Code

32158-1804

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Allergy, Sinus and Asthma FHC

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

06 / 11 / 2015

**Transaction ID : C3174718**

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**C. Abimbola Ojurongbe**

Mailing Address 14621 230th Pl

City

Springfield Gardens

State

NY

Zip Code

11413-4432

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Nightingale Preventative Care

Occupation

FNP-BC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

03 / 27 / 2015

**Transaction ID : C3177468**

Amount of Each Receipt this Period

125.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

175.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
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(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Abimbola Ojurongbe**

Mailing Address 14621 230th Pl

City

Springfield Gardens

State

NY

Zip Code

11413-4432

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Nightingale Preventative Care

Occupation

FNP-BC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	4		1	2		2	0	1	5		

**Transaction ID : C3167044**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Abimbola Ojurongbe**

Mailing Address 14621 230th Pl

City

Springfield Gardens

State

NY

Zip Code

11413-4432

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Nightingale Preventative Care

Occupation

FNP-BC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	4		1	2		2	0	1	5		

**Transaction ID : C3175976**

Amount of Each Receipt this Period

65.00

Full Name (Last, First, Middle Initial)

**C. Abimbola Ojurongbe**

Mailing Address 14621 230th Pl

City

Springfield Gardens

State

NY

Zip Code

11413-4432

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Nightingale Preventative Care

Occupation

FNP-BC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		0	9		2	0	1	5		

**Transaction ID : C3165235**

Amount of Each Receipt this Period

5.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

90.00

**TOTAL** This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

## **A. Peggy Ostrander**

Mailing Address 4216 Eldorado Dr

City

Plano

State

TX

Zip Code

75093-6019

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INSTITUTE OF HEALTH PROMOTION

Occupation

FNP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

06 / 03 / 2015

**Transaction ID : C3166981**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

## **B. Peggy Ostrander**

Mailing Address 4216 Eldorado Dr

City

Plano

State

TX

Zip Code

75093-6019

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INSTITUTE OF HEALTH PROMOTION

Occupation

FNP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

06 / 03 / 2015

**Transaction ID : C3175846**

Amount of Each Receipt this Period

65.00

Full Name (Last, First, Middle Initial)

## **C. Peggy Ostrander**

Mailing Address 4216 Eldorado Dr

City

Plano

State

TX

Zip Code

75093-6019

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INSTITUTE OF HEALTH PROMOTION

Occupation

FNP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

06 / 10 / 2015

**Transaction ID : C3165204**

Amount of Each Receipt this Period

5.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

90.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

## **A. Peggy Ostrander**

Mailing Address 4216 Eldorado Dr

City  
Plano

State  
TX

Zip Code  
75093-6019

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INSTITUTE OF HEALTH PROMOTION

Occupation

FNP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

06 / 10 / 2015

**Transaction ID : C3177793**

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

## **B. Diane Padden**

Mailing Address 7049 River Oak Ct

City  
Clarksville

State  
MD

Zip Code  
21029-1848

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AANP

Occupation

VP of Research & Education

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

03 / 31 / 2015

**Transaction ID : C3176201**

Amount of Each Receipt this Period

90.00

Full Name (Last, First, Middle Initial)

## **C. Diane Padden**

Mailing Address 7049 River Oak Ct

City  
Clarksville

State  
MD

Zip Code  
21029-1848

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AANP

Occupation

VP of Research & Education

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

06 / 01 / 2015

**Transaction ID : C3175866**

Amount of Each Receipt this Period

65.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

355.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

A. Diane Padden

Mailing Address 7049 River Oak Ct

City

Clarksville

State

MD

Zip Code

21029-1848

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AANP

Occupation

VP of Research &amp; Education

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 08 / 2015

Transaction ID : C3165610

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Diane Padden

Mailing Address 7049 River Oak Ct

City

Clarksville

State

MD

Zip Code

21029-1848

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AANP

Occupation

VP of Research &amp; Education

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 13 / 2015

Transaction ID : C3175798

Amount of Each Receipt this Period

65.00

Full Name (Last, First, Middle Initial)

C. Marilyn Pattillo

Mailing Address 1700 Jackson Hole Cv

City

Austin

State

TX

Zip Code

78746-7634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

GNP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 10 / 2015

Transaction ID : C3178084

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

575.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

## **A. Carol Patton**

Mailing Address 620 Hill School House Rd

City

Waynesburg

State

PA

Zip Code

15370-7235

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Drexel University

Occupation

Faculty

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

05 / 01 / 2015

**Transaction ID : C3167026**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

## **B. Carol Patton**

Mailing Address 620 Hill School House Rd

City

Waynesburg

State

PA

Zip Code

15370-7235

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Drexel University

Occupation

Faculty

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

05 / 01 / 2015

**Transaction ID : C3177551**

Amount of Each Receipt this Period

130.00

Full Name (Last, First, Middle Initial)

## **C. Carol Patton**

Mailing Address 620 Hill School House Rd

City

Waynesburg

State

PA

Zip Code

15370-7235

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Drexel University

Occupation

Faculty

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

06 / 10 / 2015

**Transaction ID : C3177795**

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

350.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

A. Katherine Pereira

Mailing Address 103 Lansbrooke Ln

City

State

Zip Code

Apex

NC

27502-6433

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ALSKJD

Occupation

NP

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 09 / 2015

Transaction ID : C3178040

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Katherine Pereira

Mailing Address 103 Lansbrooke Ln

City

State

Zip Code

Apex

NC

27502-6433

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ALSKJD

Occupation

NP

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 09 / 2015

Transaction ID : C3220549

Amount of Each Receipt this Period

50.00

\* In-Kind: In-Kind - Raffle Basket Donation

Full Name (Last, First, Middle Initial)

C. Joyce Powers

Mailing Address 11201 Woodmar Ln NE

City

State

Zip Code

Albuquerque

NM

87111-6510

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Veterans Administration

Occupation

NP

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 09 / 2015

Transaction ID : C3220510

Amount of Each Receipt this Period

300.00

\* In-Kind: In-Kind - Raffle Basket Donation

SUBTOTAL of Receipts This Page (optional)..... ►

650.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

A. Lynn Rapsilber

Mailing Address 253 Fairlawn Dr

City

Torrington

State

CT

Zip Code

06790-5809

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Litchfield County Gastro

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 28 / 2015

Transaction ID : C3174995

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Lynn Rapsilber

Mailing Address 253 Fairlawn Dr

City

Torrington

State

CT

Zip Code

06790-5809

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Litchfield County Gastro

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 29 / 2015

Transaction ID : C3167081

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

c. Lynn Rapsilber

Mailing Address 253 Fairlawn Dr

City

Torrington

State

CT

Zip Code

06790-5809

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Litchfield County Gastro

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 09 / 2015

Transaction ID : C3220520

Amount of Each Receipt this Period

150.00

\* In-Kind: In-Kind - Raffle Basket Donation

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

220.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Lynn Rapsilber**

Mailing Address 253 Fairlawn Dr

City

Torrington

State

CT

Zip Code

06790-5809

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Litchfield County Gastro

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			10			2015			

**Transaction ID : C3176312**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Grace Reilly**

Mailing Address 914 Bay Ave

City

Point Pleasant Beach

State

NJ

Zip Code

08742-3065

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Meridian Health System

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
03			29			2015			

**Transaction ID : C3167077**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Grace Reilly**

Mailing Address 914 Bay Ave

City

Point Pleasant Beach

State

NJ

Zip Code

08742-3065

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Meridian Health System

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
03			29			2015			

**Transaction ID : C3174992**

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

170.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Grace Reilly**

Mailing Address 914 Bay Ave

City

State

Zip Code

Point Pleasant Beach

NJ

08742-3065

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Meridian Health System

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

06 / 09 / 2015

Transaction ID : C3220522

Amount of Each Receipt this Period

150.00

\* In-Kind: In-Kind - Raffle Basket Donation

Full Name (Last, First, Middle Initial)

**B. Grace Reilly**

Mailing Address 914 Bay Ave

City

State

Zip Code

Point Pleasant Beach

NJ

08742-3065

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Meridian Health System

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

06 / 10 / 2015

Transaction ID : C3174747

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**C. Lorraine Reiser**

Mailing Address 3878 Brighton Rd

City

State

Zip Code

Pittsburgh

PA

15212-1602

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Hilltop Community Health Care

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

04 / 06 / 2015

Transaction ID : C3176382

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

290.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

A. Lorraine Reiser

Mailing Address 3878 Brighton Rd

City

Pittsburgh

State

PA

Zip Code

15212-1602

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hilltop Community Health Care

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 08 / 2015

Transaction ID : C3167048

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Lorraine Reiser

Mailing Address 3878 Brighton Rd

City

Pittsburgh

State

PA

Zip Code

15212-1602

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hilltop Community Health Care

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 16 / 2015

Transaction ID : C3175909

Amount of Each Receipt this Period

65.00

Full Name (Last, First, Middle Initial)

C. Lorraine Reiser

Mailing Address 3878 Brighton Rd

City

Pittsburgh

State

PA

Zip Code

15212-1602

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hilltop Community Health Care

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 11 / 2015

Transaction ID : C3176247

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

185.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Sheri Rickman Rickman Patrick**

Mailing Address 1932 Bastona Dr

City

Elk Grove

State

CA

Zip Code

95758-7103

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Capitol Family Medical Assoc

Occupation

FNP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 18 / 2015

Transaction ID : C3168486

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. Sheri Rickman Rickman Patrick**

Mailing Address 1932 Bastona Dr

City

Elk Grove

State

CA

Zip Code

95758-7103

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Capitol Family Medical Assoc

Occupation

FNP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 28 / 2015

Transaction ID : C3166999

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Sheri Rickman Rickman Patrick**

Mailing Address 1932 Bastona Dr

City

Elk Grove

State

CA

Zip Code

95758-7103

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Capitol Family Medical Assoc

Occupation

FNP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 28 / 2015

Transaction ID : C3177514

Amount of Each Receipt this Period

130.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

175.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Sheri Rickman Rickman Patrick**

Mailing Address 1932 Bastona Dr

City State Zip Code  
 Elk Grove CA 95758-7103

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Capitol Family Medical Assoc

Occupation  
 FNP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 09 / 2015

**Transaction ID : C3165219**

Amount of Each Receipt this Period

5.00

Full Name (Last, First, Middle Initial)

**B. Sheri Rickman Rickman Patrick**

Mailing Address 1932 Bastona Dr

City State Zip Code  
 Elk Grove CA 95758-7103

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Capitol Family Medical Assoc

Occupation  
 FNP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 11 / 2015

**Transaction ID : C3166826**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Sheri Rickman Rickman Patrick**

Mailing Address 1932 Bastona Dr

City State Zip Code  
 Elk Grove CA 95758-7103

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Capitol Family Medical Assoc

Occupation  
 FNP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 11 / 2015

**Transaction ID : C3176282**

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

125.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

### A. Cheryl Rising

Mailing Address 1001 Ash Coulee PI

City

Bismarck

State

ND

Zip Code

58503-8819

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Prairie Assisted Living Svcs

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

03 / 29 / 2015

Transaction ID : C3176422

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

### B. Cheryl Rising

Mailing Address 1001 Ash Coulee PI

City

Bismarck

State

ND

Zip Code

58503-8819

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Prairie Assisted Living Svcs

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

06 / 09 / 2015

Transaction ID : C3220552

Amount of Each Receipt this Period

30.00

\* In-Kind: In-Kind - Raffle Basket Donation

Full Name (Last, First, Middle Initial)

### C. Cheryl Rising

Mailing Address 1001 Ash Coulee PI

City

Bismarck

State

ND

Zip Code

58503-8819

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Prairie Assisted Living Svcs

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

06 / 12 / 2015

Transaction ID : C3176222

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

230.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Lois Rockcastle**

Mailing Address 20321 Middle Rd

City

Eagle River

State

AK

Zip Code

99577-7931

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Tundra Care

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 06 / 2015

**Transaction ID : C3177407**

Amount of Each Receipt this Period

120.00

Full Name (Last, First, Middle Initial)

**B. Lois Rockcastle**

Mailing Address 20321 Middle Rd

City

Eagle River

State

AK

Zip Code

99577-7931

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Tundra Care

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 09 / 2015

**Transaction ID : C3220511**

Amount of Each Receipt this Period

300.00

\* In-Kind: In-Kind - Raffle Basket Donation

Full Name (Last, First, Middle Initial)

**C. Lois Rockcastle**

Mailing Address 20321 Middle Rd

City

Eagle River

State

AK

Zip Code

99577-7931

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Tundra Care

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 10 / 2015

**Transaction ID : C3166913**

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

440.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Lois Rockcastle**

Mailing Address 20321 Middle Rd

City

Eagle River

State

AK

Zip Code

99577-7931

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Tundra Care

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

06 / 12 / 2015

Transaction ID : C3165172

Amount of Each Receipt this Period

5.00

Full Name (Last, First, Middle Initial)

**B. Lois Rockcastle**

Mailing Address 20321 Middle Rd

City

Eagle River

State

AK

Zip Code

99577-7931

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Tundra Care

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

06 / 12 / 2015

Transaction ID : C3165564

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**C. Cheryl Rutter**

Mailing Address 3105 Pueblo Hawikuh

City

Santa Fe

State

NM

Zip Code

87507-2514

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Catapult

Occupation

CNP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

04 / 11 / 2015

Transaction ID : C3167045

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

35.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 103 OF 143

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Cheryl Rutter**

Mailing Address 3105 Pueblo Hawikuh

City

Santa Fe

State

NM

Zip Code

87507-2514

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Catapult

Occupation

CNP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4								1	1			2015

**Transaction ID : C3175977**

Amount of Each Receipt this Period

65.00

Full Name (Last, First, Middle Initial)

**B. Cheryl Rutter**

Mailing Address 3105 Pueblo Hawikuh

City

Santa Fe

State

NM

Zip Code

87507-2514

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Catapult

Occupation

CNP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5								2	8			2015

**Transaction ID : C3177512**

Amount of Each Receipt this Period

130.00

Full Name (Last, First, Middle Initial)

**C. Gail Sadler**

Mailing Address 9756 62nd Ave N

City

Saint Petersburg

State

FL

Zip Code

33708-4516

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Westcoast Family Practice

Occupation

ARNP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6								0	4			2015

**Transaction ID : C3174752**

Amount of Each Receipt this Period

40.00

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

235.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 104 OF 143

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Gail Sadler**

Mailing Address 9756 62nd Ave N

City

Saint Petersburg

State

FL

Zip Code

33708-4516

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Westcoast Family Practice

Occupation

ARNP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

06 / 04 / 2015

**Transaction ID : C3177497**

Amount of Each Receipt this Period

130.00

Full Name (Last, First, Middle Initial)

**B. Gail Sadler**

Mailing Address 9756 62nd Ave N

City

Saint Petersburg

State

FL

Zip Code

33708-4516

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Westcoast Family Practice

Occupation

ARNP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

06 / 10 / 2015

**Transaction ID : C3166915**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Gail Sadler**

Mailing Address 9756 62nd Ave N

City

Saint Petersburg

State

FL

Zip Code

33708-4516

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Westcoast Family Practice

Occupation

ARNP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

06 / 11 / 2015

**Transaction ID : C3166816**

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

170.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 105 OF 143  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Denise Salvo**

Mailing Address 41 Mercer Hill Rd

City State Zip Code  
Ambler PA 19002-5731

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lafayette Hill Family Medicine

Occupation  
NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 07 / 2015

**Transaction ID : C3177973**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Lorna Schumann**

Mailing Address 18275 W Quail Ln

City State Zip Code  
Post Falls ID 83854-6755

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Heritage - UGM Clinic

Occupation  
NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 29 / 2015

**Transaction ID : C3176429**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Lorna Schumann**

Mailing Address 18275 W Quail Ln

City State Zip Code  
Post Falls ID 83854-6755

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Heritage - UGM Clinic

Occupation  
NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 24 / 2015

**Transaction ID : C3177556**

Amount of Each Receipt this Period

130.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

480.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Lorna Schumann**

Mailing Address 18275 W Quail Ln

City

State

Zip Code

Post Falls

ID

83854-6755

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Heritage - UGM Clinic

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

06 / 11 / 2015

**Transaction ID : C3177790**

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**B. Janet Selway**

Mailing Address 4512 Fait Ave

City

State

Zip Code

Baltimore

MD

21224-4405

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Catholic University

Asst. Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

03 / 28 / 2015

**Transaction ID : C3176442**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Janet Selway**

Mailing Address 4512 Fait Ave

City

State

Zip Code

Baltimore

MD

21224-4405

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Catholic University

Asst. Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

03 / 31 / 2015

**Transaction ID : C3176399**

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

400.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Janet Selway**

Mailing Address 4512 Fait Ave

City

Baltimore

State

MD

Zip Code

21224-4405

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Catholic University

Occupation

Asst. Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

06 / 06 / 2015

**Transaction ID : C3178087**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Catherine Shull**

Mailing Address 228 Hogan Dr

City

Lake Ozark

State

MO

Zip Code

65049-6902

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ozark Health

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

620.00

Date of Receipt

06 / 10 / 2015

**Transaction ID : C3166890**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Catherine Shull**

Mailing Address 228 Hogan Dr

City

Lake Ozark

State

MO

Zip Code

65049-6902

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ozark Health

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

620.00

Date of Receipt

06 / 11 / 2015

**Transaction ID : C3174914**

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

570.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Catherine Shull**

Mailing Address 228 Hogan Dr

City

Lake Ozark

State

MO

Zip Code

65049-6902

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ozark Health

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

620.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	1	5

**Transaction ID : C3174916**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Catherine Shull**

Mailing Address 228 Hogan Dr

City

Lake Ozark

State

MO

Zip Code

65049-6902

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ozark Health

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

620.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	1	5

**Transaction ID : C3177789**

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**C. Catherine Shull**

Mailing Address 228 Hogan Dr

City

Lake Ozark

State

MO

Zip Code

65049-6902

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ozark Health

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

620.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	2		2	0	1	5

**Transaction ID : C3178036**

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

550.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Marsha Siegel**

Mailing Address 2345 E Riding Club Rd

City

Cheyenne

State

WY

Zip Code

82009-9707

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Dept of Veteran Affairs

Occupation

FNP

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

435.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		03		2015

**Transaction ID : C3177974**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Marsha Siegel**

Mailing Address 2345 E Riding Club Rd

City

Cheyenne

State

WY

Zip Code

82009-9707

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Dept of Veteran Affairs

Occupation

FNP

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

435.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		17		2015

**Transaction ID : C3167042**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Marsha Siegel**

Mailing Address 2345 E Riding Club Rd

City

Cheyenne

State

WY

Zip Code

82009-9707

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Dept of Veteran Affairs

Occupation

FNP

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

435.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		17		2015

**Transaction ID : C3175971**

Amount of Each Receipt this Period

65.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

335.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Marsha Siegel**

Mailing Address 2345 E Riding Club Rd

City

Cheyenne

State

WY

Zip Code

82009-9707

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Dept of Veteran Affairs

Occupation

FNP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

435.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	11	/	2015

**Transaction ID : C3176268**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Jena Simon**Mailing Address 525 E 82nd St  
Apt 2H

City

New York

State

NY

Zip Code

10028-7148

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mount Sinai Hospital

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	30	/	2015

**Transaction ID : C3178092**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Kolleen Snyder**

Mailing Address PO Box 282

City

Krotz Springs

State

LA

Zip Code

70750-0282

FEC ID number of contributing  
federal political committee.

C

Name of Employer

The Schumacher Group

Occupation

FNP-BC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	22	/	2015

**Transaction ID : C3177764**

Amount of Each Receipt this Period

195.00

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

795.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Kolleen Snyder**

Mailing Address PO Box 282

City

Krotz Springs

State

LA

Zip Code

70750-0282

FEC ID number of contributing  
federal political committee.

C

Name of Employer

The Schumacher Group

Occupation

FNP-BC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

06 / 09 / 2015

**Transaction ID : C3166533**

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

**B. Kolleen Snyder**

Mailing Address PO Box 282

City

Krotz Springs

State

LA

Zip Code

70750-0282

FEC ID number of contributing  
federal political committee.

C

Name of Employer

The Schumacher Group

Occupation

FNP-BC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

06 / 09 / 2015

**Transaction ID : C3175821**

Amount of Each Receipt this Period

65.00

Full Name (Last, First, Middle Initial)

**C. Michelle Taylor**

Mailing Address 1958 SW Panther Trce

City

Stuart

State

FL

Zip Code

34997-4849

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Martin Health System

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 22 / 2015

**Transaction ID : C3177972**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

330.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Michelle Taylor**

Mailing Address 1958 SW Panther Trce

City  
Stuart

State  
FL

Zip Code  
34997-4849

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Martin Health System

Occupation  
NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 27 / 2015

**Transaction ID : C3177968**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Angela Thompson**

Mailing Address 5037 W Bay Rd

City  
Plainfield

State  
IN

Zip Code  
46168-9016

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hendricks Regional Health

Occupation  
NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

213.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 29 / 2015

**Transaction ID : C3167080**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Angela Thompson**

Mailing Address 5037 W Bay Rd

City  
Plainfield

State  
IN

Zip Code  
46168-9016

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hendricks Regional Health

Occupation  
NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

213.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 29 / 2015

**Transaction ID : C3168371**

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

295.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 113 OF 143

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Angela Thompson**

Mailing Address 5037 W Bay Rd

City  
Plainfield

State Zip Code  
IN 46168-9016

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hendricks Regional Health

Occupation  
NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

213.00

Date of Receipt

06 / 09 / 2015

Transaction ID : C3220518

Amount of Each Receipt this Period

168.00

\* In-Kind: In-Kind - Raffle Basket Donation

Full Name (Last, First, Middle Initial)

**B. Susan Vanbeuge**

Mailing Address 10805 Barkwood Ave

City  
Las Vegas

State Zip Code  
NV 89144-1407

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
B Berelowitz Endocrinology

Occupation  
NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 09 / 2015

Transaction ID : C3220515

Amount of Each Receipt this Period

250.00

\* In-Kind: In-Kind - Raffle Basket Donation

Full Name (Last, First, Middle Initial)

**C. Allison Walton**

Mailing Address 550 Whitcover Cir

City  
Charlottesville

State Zip Code  
VA 22901-3764

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of Virginia

Occupation  
NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

03 / 31 / 2015

Transaction ID : C3176400

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

518.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 114 OF 143

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Allison Walton

Mailing Address 550 Whitcover Cir

City

Charlottesville

State

VA

Zip Code

22901-3764

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Virginia

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3		3	1		2	0	1	5		

Transaction ID : C3177970

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Nancy Whitehead

Mailing Address 743 S 7th Ave

City

West Bend

State

WI

Zip Code

53095-3944

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Whitehead Consulting, LLC

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	4		0	8		2	0	1	5		

Transaction ID : C3167067

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Nancy Whitehead

Mailing Address 743 S 7th Ave

City

West Bend

State

WI

Zip Code

53095-3944

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Whitehead Consulting, LLC

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	4		0	8		2	0	1	5		

Transaction ID : C3175978

Amount of Each Receipt this Period

65.00

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

335.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 115 OF 143

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Nancy Whitehead**

Mailing Address 743 S 7th Ave

City

West Bend

State

WI

Zip Code

53095-3944

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Whitehead Consulting, LLC

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 06 / 2015

Transaction ID : C3166975

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Nancy Whitehead**

Mailing Address 743 S 7th Ave

City

West Bend

State

WI

Zip Code

53095-3944

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Whitehead Consulting, LLC

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 06 / 2015

Transaction ID : C3175835

Amount of Each Receipt this Period

65.00

Full Name (Last, First, Middle Initial)

**C. Nancy Whitehead**

Mailing Address 743 S 7th Ave

City

West Bend

State

WI

Zip Code

53095-3944

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Whitehead Consulting, LLC

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 09 / 2015

Transaction ID : C3220547

Amount of Each Receipt this Period

65.00

\* In-Kind: In-Kind - Raffle Basket Donation

SUBTOTAL of Receipts This Page (optional)..... ►

150.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 116 OF 143

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Melinda Whitten**

Mailing Address 6923 E 67th St

City

Tulsa

State

OK

Zip Code

74133-1720

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Warren Clinics

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1060.00

Date of Receipt

03 / 29 / 2015

**Transaction ID : C3178041**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B. Melinda Whitten**

Mailing Address 6923 E 67th St

City

Tulsa

State

OK

Zip Code

74133-1720

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Warren Clinics

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1060.00

Date of Receipt

03 / 30 / 2015

**Transaction ID : C3177800**

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**C. Melinda Whitten**

Mailing Address 6923 E 67th St

City

Tulsa

State

OK

Zip Code

74133-1720

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Warren Clinics

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1060.00

Date of Receipt

06 / 09 / 2015

**Transaction ID : C3166944**

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

520.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 117 OF 143

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Melinda Whitten**

Mailing Address 6923 E 67th St

City

Tulsa

State

OK

Zip Code

74133-1720

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Warren Clinics

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1060.00

Date of Receipt

06 / 09 / 2015

Transaction ID : C3220534

Amount of Each Receipt this Period

100.00

\* In-Kind: In-Kind - Raffle Basket Donation

Full Name (Last, First, Middle Initial)

**B. Melinda Whitten**

Mailing Address 6923 E 67th St

City

Tulsa

State

OK

Zip Code

74133-1720

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Warren Clinics

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1060.00

Date of Receipt

06 / 10 / 2015

Transaction ID : C3177794

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**C. Melinda Whitten**

Mailing Address 6923 E 67th St

City

Tulsa

State

OK

Zip Code

74133-1720

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Warren Clinics

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1060.00

Date of Receipt

06 / 10 / 2015

Transaction ID : C3177953

Amount of Each Receipt this Period

240.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

540.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 118 OF 143  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Veronica Wilbur**

Mailing Address 221 Willow Way

City

Lincoln University

State

PA

Zip Code

19352-1224

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wilmington University

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	4		1	2		2	0	1	5		

**Transaction ID : C3177799**

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**B. Veronica Wilbur**

Mailing Address 221 Willow Way

City

Lincoln University

State

PA

Zip Code

19352-1224

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wilmington University

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		1	0		2	0	1	5		

**Transaction ID : C3166899**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Veronica Wilbur**

Mailing Address 221 Willow Way

City

Lincoln University

State

PA

Zip Code

19352-1224

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wilmington University

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		1	1		2	0	1	5		

**Transaction ID : C3177744**

Amount of Each Receipt this Period

170.00

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

390.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

## **A. Christine Williams**

Mailing Address 15701 Fernway Rd

City

Shaker Heights

State

OH

Zip Code

44120-3353

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Neighborhood Family Practice

Occupation

FNP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

03 / 29 / 2015

**Transaction ID : C3177971**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **B. Christine Williams**

Mailing Address 15701 Fernway Rd

City

Shaker Heights

State

OH

Zip Code

44120-3353

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Neighborhood Family Practice

Occupation

FNP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

03 / 30 / 2015

**Transaction ID : C3167074**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

## **C. Christine Williams**

Mailing Address 15701 Fernway Rd

City

Shaker Heights

State

OH

Zip Code

44120-3353

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Neighborhood Family Practice

Occupation

FNP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

06 / 09 / 2015

**Transaction ID : C3220550**

Amount of Each Receipt this Period

50.00

\* In-Kind: In-Kind - Raffle Basket Donation

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

320.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 120 OF 143

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Christine Williams**

Mailing Address 15701 Fernway Rd

City State Zip Code  
Shaker Heights OH 44120-3353

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Neighborhood Family Practice

Occupation  
FNP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

06 / 11 / 2015

**Transaction ID : C3177788**

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**B. Susan Wolf**

Mailing Address 826 Stonebridge

City State Zip Code  
Metamora IL 61548-8390

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OSF Medical Group

Occupation  
APN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

06 / 04 / 2015

**Transaction ID : C3178052**

Amount of Each Receipt this Period

325.00

Full Name (Last, First, Middle Initial)

**C. Teri Woo**

Mailing Address 2607 N 30th St

City State Zip Code  
Tacoma WA 98407-6329

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Lutheran University

Occupation  
Nursing Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

05 / 04 / 2015

**Transaction ID : C3167025**

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

545.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 121 OF 143

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Teri Woo**

Mailing Address 2607 N 30th St

City

Tacoma

State

WA

Zip Code

98407-6329

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Lutheran University

Occupation

Nursing Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 04 / 2015

**Transaction ID : C3175944**

Amount of Each Receipt this Period

65.00

Full Name (Last, First, Middle Initial)

**B. Teri Woo**

Mailing Address 2607 N 30th St

City

Tacoma

State

WA

Zip Code

98407-6329

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Lutheran University

Occupation

Nursing Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 11 / 2015

**Transaction ID : C3177398**

Amount of Each Receipt this Period

120.00

Full Name (Last, First, Middle Initial)

**C. Wendy Wright**

Mailing Address 2 Rolling Woods Dr

City

Bedford

State

NH

Zip Code

03110-4540

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wright & Assoc Family Health

Occupation

FNP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 10 / 2015

**Transaction ID : C3178085**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

685.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Joan Zaccardi**

Mailing Address 4 Katie Dr

City

Middletown

State

NJ

Zip Code

07748-1422

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UANJ

Occupation

PA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 26 / 2015

**Transaction ID : C3176445**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Joan Zaccardi**

Mailing Address 4 Katie Dr

City

Middletown

State

NJ

Zip Code

07748-1422

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UANJ

Occupation

PA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 11 / 2015

**Transaction ID : C3177963**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Nancy Zaner**

Mailing Address 233 SW Greenwich Dr  
154

City

Lees Summit

State

MO

Zip Code

64082-4426

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CVS Minute Clinic

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1321.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 29 / 2015

**Transaction ID : C3177421**

Amount of Each Receipt this Period

120.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

470.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

## **A. Nancy Zaner**

Mailing Address 233 SW Greenwich Dr  
154

City State Zip Code  
Lees Summit MO 64082-4426

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CVS Minute Clinic

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1321.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 29 / 2015

**Transaction ID : C3178116**

Amount of Each Receipt this Period

901.00

Full Name (Last, First, Middle Initial)

## **B. Nancy Zaner**

Mailing Address 233 SW Greenwich Dr  
154

City State Zip Code  
Lees Summit MO 64082-4426

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CVS Minute Clinic

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1321.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 12 / 2015

**Transaction ID : C3178037**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

## **C. Janette Zdanuk**

Mailing Address 6612 Fairway Dr

City State Zip Code  
Westworth Village TX 76114-4034

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Visiting Physicians

Occupation

FNP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

640.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 11 / 2015

**Transaction ID : C3178093**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1701.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Janette Zdanuk**

Mailing Address 6612 Fairway Dr

City

Westworth Village

State

TX

Zip Code

76114-4034

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Visiting Physicians

Occupation

FNP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

640.00

Date of Receipt

05 / 04 / 2015

**Transaction ID : C3175946**

Amount of Each Receipt this Period

65.00

Full Name (Last, First, Middle Initial)

**B. Janette Zdanuk**

Mailing Address 6612 Fairway Dr

City

Westworth Village

State

TX

Zip Code

76114-4034

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Visiting Physicians

Occupation

FNP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

640.00

Date of Receipt

06 / 09 / 2015

**Transaction ID : C3220544**

Amount of Each Receipt this Period

75.00

\* In-Kind: In-Kind - Raffle Basket Donation

Full Name (Last, First, Middle Initial)

**C. Amy Ziegler**

Mailing Address 3812 Chapparral Dr

City

Fairfield

State

CA

Zip Code

94534-7928

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NorthBay Healthcare

Occupation

Director, APRN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 17 / 2015

**Transaction ID : C3177969**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

390.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 125 OF 143

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Eileen Zitzer**

Mailing Address 221 N Coolidge Ave

City State Zip Code  
 Margate City NJ 08402-1015

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Genesis Health Care

Occupation  
 NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 01 / 04 / 2015

**Transaction ID : C3177975**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

250.00

46869.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Katherine Darling**

Mailing Address 637 Cougar Ln

City	State	Zip Code
Mountain Home	AR	72653-8878

Purpose of Disbursement  
In-Kind - Raffle Basket Donation

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		09		2015

**Transaction ID : D169938**

Amount of Each Disbursement this Period

425.00
--------

\* In-Kind Received

Full Name (Last, First, Middle Initial)

**B. David Hebert**Mailing Address 225 Reinekers Ln  
Ste 525

City	State	Zip Code
Alexandria	VA	22314-2880

Purpose of Disbursement  
In-Kind - Raffle Basket Donation

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		09		2015

**Transaction ID : D169939**

Amount of Each Disbursement this Period

400.00
--------

\* In-Kind Received

Full Name (Last, First, Middle Initial)

**C. Lenora Lorenzo**Mailing Address PO Box 474  
62-394 Jp Leong Hwy

City	State	Zip Code
Haleiwa	HI	96712-0474

Purpose of Disbursement  
In-Kind - Raffle Basket Donation

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		09		2015

**Transaction ID : D169940**

Amount of Each Disbursement this Period

1100.00
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\* In-Kind Received

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1925.00
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<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

300.00

\* In-Kind Received

MM / DD / YYYY

\* In-Kind Received

06 / 09 / 2015

250.00

\* In-Kind Received

850.00

2775.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. HOYER'S MAJORITY FUND**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		22		2015

Mailing Address 700 13th St NW  
Ste 600

City Washington State DC Zip Code 20005-5998

Purpose of Disbursement  
Campaign Contribution

Candidate Name

Category/  
Type**Transaction ID : D170057**

Amount of Each Disbursement this Period

2500.00

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B. LONE STAR LEADERSHIP PAC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		18		2015

Mailing Address PO BOX 30844

City Bethesda State MD Zip Code 20824

Purpose of Disbursement  
Campaign Contribution

Candidate Name

Category/  
Type**Transaction ID : D170058**

Amount of Each Disbursement this Period

1500.00

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2015  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C. BOEHNER FOR SPEAKER COMMITTEE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		17		2015

Mailing Address 7908 CINCINNATI DAYTON ROAD  
SUITE I

City WEST CHESTER State OH Zip Code 45069

Purpose of Disbursement  
Campaign Contribution

Candidate Name

**JOHN A BOEHNER**Category/  
Type**Transaction ID : D170059**

Amount of Each Disbursement this Period

5000.00

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH District: 08

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

9000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. NEW PIONEERS PAC**

Mailing Address 228 S WASHINGTON ST STE 115

City	State	Zip Code
ALEXANDRIA	VA	22314

Purpose of Disbursement  
Campaign Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2015

☒ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		04		2015

**Transaction ID : D170060**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**B. MAKING BUSINESS EXCEL POLITICAL ACTION COMMITTEE**

Mailing Address PO BOX 3241

City	State	Zip Code
CHEYENNE	WY	82003

Purpose of Disbursement  
Campaign Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2015

☒ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		13		2015

**Transaction ID : D170061**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. HEARTLAND VALUES PAC**

Mailing Address PO BOX 505

City	State	Zip Code
SIOUX FALLS	SD	57101

Purpose of Disbursement  
Campaign Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2015

☒ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		23		2015

**Transaction ID : D170062**

Amount of Each Disbursement this Period

5000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

12500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. CANARY FUND**

Mailing Address 600 PENNSYLVANIA AVE SE SUITE 210

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement  
Campaign Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	17	/	2015

**Transaction ID : D170063**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**B. RightNow Women PAC**

Mailing Address PO Box 30844

City	State	Zip Code
Bethesda	MD	20824-0844

Purpose of Disbursement  
Political Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2015

☐ Primary ☒ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	03	/	2015

**Transaction ID : D170064**

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

**C. FREEDOM PROJECT; THE**

Mailing Address 320 1ST STREET SE

City	State	Zip Code
WASHINGTON	DC	20003

Purpose of Disbursement  
Campaign Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	13	/	2015

**Transaction ID : D170371**

Amount of Each Disbursement this Period

5000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

11500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. BEN CARDIN FOR SENATE**

Mailing Address P.O. BOX 21093

City	State	Zip Code
CATONSVILLE	MD	21228

Purpose of Disbursement  
Campaign Contribution

Candidate Name

**BENJAMIN L CARDIN**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2018

☒ Primary ☐ General  
☐ Other (specify) ▼

State: MD District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	22	/	2015

**Transaction ID : D170020**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. PEOPLE FOR BEN**

Mailing Address PO BOX 31129

City	State	Zip Code
SANTA FE	NM	87594

Purpose of Disbursement  
Campaign Contribution

Candidate Name

**BEN R MR. LUJAN**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: NM District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	20	/	2015

**Transaction ID : D170036**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. JOHNSON FOR CONGRESS**

Mailing Address PO BOX 14496

City	State	Zip Code
POLAND	OH	44514

Purpose of Disbursement  
Campaign Contribution

Candidate Name

**BILL JOHNSON**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	11	/	2015

**Transaction ID : D170034**

Amount of Each Disbursement this Period

1000.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

6000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF SCHUMER**

Mailing Address 192 LEXINGTON AVENUE SUITE 1001

City	State	Zip Code
NEW YORK	NY	10016

Purpose of Disbursement  
Campaign Contribution

Candidate Name

**CHARLES E SCHUMER**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: NY District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		20		2015

**Transaction ID : D170013**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF SCHUMER**

Mailing Address 192 LEXINGTON AVENUE SUITE 1001

City	State	Zip Code
NEW YORK	NY	10016

Purpose of Disbursement  
Campaign Contribution

Candidate Name

**CHARLES E SCHUMER**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		20		2015

**Transaction ID : D170014**

Amount of Each Disbursement this Period

4000.00
---------

Full Name (Last, First, Middle Initial)

**C. LOEBSACK FOR CONGRESS**

Mailing Address PO BOX 3013

City	State	Zip Code
CEDAR RAPIDS	IA	52244

Purpose of Disbursement  
Campaign Contribution

Candidate Name

**DAVID WAYNE LOEBSACK**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: IA District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		18		2015

**Transaction ID : D170031**

Amount of Each Disbursement this Period

1000.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

6000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. HELLER FOR SENATE**

Mailing Address PO Box 371907

City	State	Zip Code
Las Vegas	NV	89137-1907

Purpose of Disbursement  
Campaign Contribution

Candidate Name

**Dean Heller**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NV District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		18		2015

**Transaction ID : D170032**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. DIANE BLACK FOR CONGRESS**

Mailing Address PO BOX 1437

City	State	Zip Code
GALLATIN	TN	37066

Purpose of Disbursement  
Campaign Contribution

Candidate Name

**DIANE L MRS. BLACK**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TN District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		18		2015

**Transaction ID : D170030**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. UPTON FOR ALL OF US**

Mailing Address P.O. BOX 490

City	State	Zip Code
ST. JOSEPH	MI	49085

Purpose of Disbursement  
Campaign Contribution

Candidate Name

**FREDERICK STEPHEN UPTON**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MI District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		15		2015

**Transaction ID : D170019**

Amount of Each Disbursement this Period

2500.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. SCHAKOWSKY FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		22		2015

Mailing Address P.O. BOX 5130

City	State	Zip Code
EVANSTON	IL	60204

Purpose of Disbursement  
Campaign Contribution

Candidate Name

**JANICE D SCHAKOWSKY**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IL District: 09

Category/  
Type**Transaction ID : D170023**

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

**B. SCHAKOWSKY FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		11		2015

Mailing Address P.O. BOX 5130

City	State	Zip Code
EVANSTON	IL	60204

Purpose of Disbursement  
Campaign Contribution

Candidate Name

**JANICE D SCHAKOWSKY**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IL District: 09

Category/  
Type**Transaction ID : D170024**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF JOE PITTS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		13		2015

Mailing Address PO BOX 775

City	State	Zip Code
UNIONVILLE	PA	19375

Purpose of Disbursement  
Campaign Contribution

Candidate Name

**JOSEPH R. PITTS**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: PA District: 16

Category/  
Type**Transaction ID : D170037**

Amount of Each Disbursement this Period

2500.00
---------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. KATKO FOR CONGRESS**Mailing Address 5407 Anvil Dr  
Ste 115City State Zip Code  
Camillus NY 13031-8646Purpose of Disbursement  
Campaign Contribution

Candidate Name

**John Katko**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 24

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	01	/	2015

**Transaction ID : D170027**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. BRADY FOR CONGRESS**

Mailing Address P.O. BOX 8277

City State Zip Code  
THE WOODLANDS TX 77387Purpose of Disbursement  
Campaign Contribution

Candidate Name

**KEVIN BRADY**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TX District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	23	/	2015

**Transaction ID : D170040**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**C. LYNN JENKINS FOR CONGRESS**

Mailing Address P.O. BOX 1441

City State Zip Code  
TOPEKA KS 66601Purpose of Disbursement  
Campaign Contribution

Candidate Name

**LYNN JENKINS**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: KS District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	16	/	2015

**Transaction ID : D170049**

Amount of Each Disbursement this Period

2500.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

8500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. WALKER 4 NC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		03		2015

Mailing Address 2941 BATTLEGROUND AVE  
BOX 38334

City Greensboro State NC Zip Code 27438

Purpose of Disbursement  
Campaign Contribution

Candidate Name

**Mark Walker**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NC District: 06

**Transaction ID : D170044**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. MARTIN HEINRICH FOR Senate**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		04		2015

Mailing Address P.O. BOX 25763

City ALBUQUERQUE State NM Zip Code 87125

Purpose of Disbursement  
Campaign Contribution

Candidate Name

**MARTIN HEINRICH**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2018  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NM District:

**Transaction ID : D170035**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. MICHAEL BURGESS FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		03		2015

Mailing Address PO BOX 2334

City DENTON State TX Zip Code 76202

Purpose of Disbursement  
Campaign Contribution

Candidate Name

**MICHAEL C. DR. BURGESS**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TX District: 26

**Transaction ID : D170046**

Amount of Each Disbursement this Period

1000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. MIKE THOMPSON FOR CONGRESS**

Mailing Address 5429 MADISON AVENUE

City	State	Zip Code
SACRAMENTO	CA	95841

Purpose of Disbursement  
Campaign Contribution

Candidate Name

**MIKE MR. THOMPSON**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	01	/	2015

**Transaction ID : D170025**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. NANCY PELOSI FOR CONGRESS**Mailing Address 700 13TH STREET, NW  
SUITE 600

City	State	Zip Code
WASHINGTON	DC	20005

Purpose of Disbursement  
Campaign Contribution

Candidate Name

**NANCY PELOSI**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	10	/	2015

**Transaction ID : D170047**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

Mailing Address 320 1st St SE

City	State	Zip Code
Washington	DC	20003-1838

Purpose of Disbursement  
Campaign Contribution

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	22	/	2015

**Transaction ID : D170043**

Amount of Each Disbursement this Period

15000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

20000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. DR. RAUL RUIZ FOR CONGRESS**

Mailing Address PO Box 3433

City	State	Zip Code
Palm Desert	CA	92261-3433

Purpose of Disbursement  
Campaign Contribution

Candidate Name

**Raul Ruiz**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 36

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	02	/	2015

**Transaction ID : D170041**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. RODNEY FOR CONGRESS**

Mailing Address PO Box 344

City	State	Zip Code
Taylorville	IL	62568-0344

Purpose of Disbursement  
Campaign Contribution

Candidate Name

**Rodney Davis**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IL District: 13

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	23	/	2015

**Transaction ID : D170039**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. KIND FOR CONGRESS COMMITTEE**

Mailing Address 205 5TH AVENUE SOUTH

City	State	Zip Code
LA CROSSE	WI	54601

Purpose of Disbursement  
Campaign Contribution

Candidate Name

**RON KIND**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WI District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	02	/	2015

**Transaction ID : D170042**

Amount of Each Disbursement this Period

2500.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. SANFORD BISHOP FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		22		2015

Mailing Address P. O. BOX 909

City	State	Zip Code
COLUMBUS	GA	31902

**Transaction ID : D170021**Purpose of Disbursement  
Campaign Contribution

Amount of Each Disbursement this Period

Candidate Name

**SANFORD D JR. BISHOP**Category/  
Type

1500.00

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: GA District: 02

Full Name (Last, First, Middle Initial)

**B. SCOTT PETERS FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		18		2015

Mailing Address PO Box 70980

City	State	Zip Code
Washington	DC	20024

**Transaction ID : D170033**Purpose of Disbursement  
Campaign Contribution

Amount of Each Disbursement this Period

Candidate Name

**Scott Peters**Category/  
Type

1000.00

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 52

Full Name (Last, First, Middle Initial)

**C. DUFFY FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		03		2015

Mailing Address PO BOX 538

City	State	Zip Code
WAUSAU	WI	54402

**Transaction ID : D170045**Purpose of Disbursement  
Campaign Contribution

Amount of Each Disbursement this Period

Candidate Name

**SEAN DUFFY**Category/  
Type

2500.00

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WI District: 07

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. BONAMICI FOR CONGRESS**

Mailing Address 3321 SE 20TH AVE

City	State	Zip Code
PORTLAND	OR	97202

Purpose of Disbursement  
Campaign Contribution

Candidate Name

**Suzanne Bonamici**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OR District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	18	/	2015

**Transaction ID : D170018**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. DUCKWORTH FOR CONGRESS**

Mailing Address PO Box 59568

City	State	Zip Code
Schaumburg	IL	60159-0568

Purpose of Disbursement  
Campaign Contribution

Candidate Name

**Tammy Duckworth**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IL District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	10	/	2015

**Transaction ID : D170048**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. TOM REED FOR CONGRESS**

Mailing Address PO Box 10847

City	State	Zip Code
Rochester	NY	14610-0847

Purpose of Disbursement  
Campaign Contribution

Candidate Name

**THOMAS W II REED**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 29

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	01	/	2015

**Transaction ID : D170026**

Amount of Each Disbursement this Period

2000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4000.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 142 OF 143

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. UDALL FOR US ALL**

Mailing Address PO BOX 25766

City	State	Zip Code
ALBUQUERQUE	NM	87125

Purpose of Disbursement  
Campaign Contribution

Candidate Name

**TOM UDALL**

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

State: NM District: 00

Disbursement For: 2020
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		18		2015

**Transaction ID : D170029**

Amount of Each Disbursement this Period

1000.00
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Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1000.00
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105000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 143 OF 143

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Joyce Knestrick**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		13		2015

Mailing Address 801 Alamae Lakes Rd

City	State	Zip Code
Washington	PA	15301-9150

**Transaction ID : D169980**Purpose of Disbursement  
Proceeds for Cash Raffle Prize

Amount of Each Disbursement this Period

Candidate Name

Category/ Type
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201.25
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Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial)

**B.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/ Type
-------------------

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Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/ Type
-------------------

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Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

**SUBTOTAL** of Disbursements This Page (optional)..... ►

201.25
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**TOTAL** This Period (last page this line number only)..... ►

201.25
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